

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Joe Wilson for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	195489.00	626254.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	195489.00	625754.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	104943.05	397154.83
(b) Total Offsets to Operating Expenditures (from Line 14)	4.26	74.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	104938.79	397080.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	492956.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Joe Wilson for Congress

Report Covering the Period: From: / / 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).....	107650.00	238525.00
(ii) Unitemized.....	13839.00	38979.97
(iii) TOTAL of contributions from individuals ▶	121489.00	277504.97
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	74000.00	348750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	195489.00	626254.97
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	4.26	74.63
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	140.90	148.22
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	195634.16	626477.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	104943.05	397154.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	104943.05	397654.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	402265.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	195634.16
25. SUBTOTAL (add Line 23 and Line 24).....	597899.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104943.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	492956.92

**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 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
C. DAN ADAMS

Mailing Address **84 VILLA ROAD**

City **GREENVILLE** State **SC** Zip Code **29615-3052**

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

Name of Employer **THE CAPITAL CORPORATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11.103738

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANGEL REY ALMODOVAR

Mailing Address **4013 HAWKS WAY, NE**

City **HUNTSVILLE** State **AL** Zip Code **35811-2638**

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

Name of Employer **INTUITIVE RESEARCH & TECHNOLOGY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103591

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **7864 WALSINGHAM ROAD, SE**

City **HUNTSVILLE** State **AL** Zip Code **35802-2777**

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

Name of Employer **COLSA** Occupation **PRESIDENT & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103589

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

5700.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address **306 COLLECTON AVENUE SE**

City **AIKEN** State **SC** Zip Code **29801-7102**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : SA11.103554

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **60 WOODLAKE DRIVE**

City **NEWBERRY** State **SC** Zip Code **29108-8282**

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

Name of Employer **NEWBERRY ELECTRIC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103630

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN D. BAKER

Mailing Address **PO BOX 12397**

City **COLUMBIA** State **SC** Zip Code **29211-2397**

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

Name of Employer **BAKER & BAKER REAL ESTATE DEV** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103907

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1000.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
H. WALTER BARRE

Mailing Address 109 SUNSET DRIVE

City State Zip Code
SPARTANBURG SC 29302-2778

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

Name of Employer Occupation
COLONIAL TRUST INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11.103725

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J. STEVEN BECKHAM

Mailing Address 1912 VALLEYWOOD ROAD

City State Zip Code
MCLEAN VA 22101-4930

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

Name of Employer Occupation
SELF EMPLOYED LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.103704

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM L. BETHEA JR., ESQ.

Mailing Address 51 PENINSULA DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.103566

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1000.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM L. BETHEA JR., ESQ.

Mailing Address 51 PENINSULA DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1134

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11.103771

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANN W. BIBLE

Mailing Address 27 HARVEST COURT

City State Zip Code
GREENVILLE SC 29601

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103906

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1728 DEVENGER ROAD

City State Zip Code
GREER SC 29650-4038

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

Name of Employer Occupation
BRADSHAW AUTOMOTIVE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11.103728

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1750.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 1215 JENNINGS CT

City State Zip Code
COLUMBIA SC 29204-3319

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

Name of Employer Occupation
BRANCH BANKING & TRUST CO. OF SC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103873

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1364 GARDEN GROVE CIRCLE

City State Zip Code
GILBERT SC 29054-9398

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

Name of Employer Occupation
MEDAC DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11.103726

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 20898 ROYAL VILLA TERRACE

City State Zip Code
POTOMAC FALLS VA 20165-2499

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11.103603

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 20898 ROYAL VILLA TERRACE

City POTOMAC FALLS State VA Zip Code 20165-2499

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103912

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 141 DOUBLE EAGLE COURT

City AIKEN State SC Zip Code 29803-2740

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11.103689

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOEL M. CARTER

Mailing Address 4 COATBRIDGE LANE

City LEXINGTON State SC Zip Code 29072-9522

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

Name of Employer LEXINGTON FAMILY PRACTICE Occupation DOCTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.103644

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1650.00

**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 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
W. TOBIN CASSELS III

Mailing Address **21 DILL COURT**

City **COLUMBIA** State **SC** Zip Code **29204-3378**

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

Name of Employer **SOUTHEASTERN FREIGHT LINES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103639

Amount of Each Receipt this Period
2600.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
W. TOBIN CASSELS JR.

Mailing Address **5001 WITTERING DRIVE**

City **COLUMBIA** State **SC** Zip Code **29206-2922**

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

Name of Employer **SOUTHEASTERN FREIGHTLINES** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103641

Amount of Each Receipt this Period
2600.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 27329**

City **GREENVILLE** State **SC** Zip Code **29616-2205**

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

Name of Employer **NORTH AMERICAN RESCUE** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103908

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

7200.00

**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 114
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
RAYMOND S. CAUGHMAN

Mailing Address 5084 AUGUSTA ROAD

City Lexington State SC Zip Code 29072-3820

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11.103651

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NACHHATTAR S. CHANDI

Mailing Address 42270 SPECTRUM STREET

City Indio State CA Zip Code 92203-9513

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

Name of Employer CHANDI GROUP USA Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11.103654

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HENRY B. CLAY

Mailing Address 4324 CHICORA STREET

City Columbia State SC Zip Code 29206-2902

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

Name of Employer CLAY PUBLISHING, INC. Occupation PUBLISHING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.103730

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 6728 ODYSSEY DR NW

City State Zip Code
HUNTSVILLE AL 35806-3302

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103585

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 6728 ODYSSEY DRIVE

City State Zip Code
HUNTSVILLE AL 35806-3302

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

Name of Employer Occupation
COLLAZO ENTERPRISES CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103584

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANCISCO L. COLLAZO

Mailing Address 396 COLLAZO LOOP

City State Zip Code
SCOTTSBORO AL 35769

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

Name of Employer Occupation
FCA PROPERTIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103587

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

8100.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 798 COLLAZO LOOP

City State Zip Code
SCOTTSBORO AL 35769

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

Name of Employer Occupation
COLLAZO CORP. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103595

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 798 COLLAZO LOOP

City State Zip Code
SCOTTSBORO AL 35769

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

Name of Employer Occupation
RED STONE VALLEY ASSISTED LIVING ASST.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103596

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LISA G. COLLAZO

Mailing Address 396 COLLAZO LOOP

City State Zip Code
SCOTTSBORO AL 35769

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103594

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

8100.00

**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 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address **538 COLLAZO LOOP**

City **SCOTTSBORO** State **AL** Zip Code **35769**

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

Name of Employer **COLLAZO FARMS** Occupation **CLERK**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103593

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GAIL POOLE CORLEY

Mailing Address **726 OAK DRIVE**

City **LEXINGTON** State **SC** Zip Code **29073-9356**

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

Name of Employer **SELF EMPLOYED** Occupation **CORLEY 12 MILE LLC**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.103571

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GAIL POOLE CORLEY

Mailing Address **726 OAK DRIVE**

City **LEXINGTON** State **SC** Zip Code **29073-9356**

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

Name of Employer **SELF EMPLOYED** Occupation **CORLEY 12 MILE LLC**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11.103811

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
S. VAN CORUM

Mailing Address 2015 LOW GAP ROAD

City State Zip Code
NEW HOPE AL 35760-9077

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

Name of Employer Occupation
COLSA DEPUTY CEO & CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103590

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2205 WINDSOR ROAD

City State Zip Code
ALEXANDRIA VA 22307-1019

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

Name of Employer Occupation
NAVIGATORS PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103916

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 20 HILTON GLEN COURT

City State Zip Code
CHAPIN SC 29036-7525

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

Name of Employer Occupation
SC HOUSE REP. CAUCUS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103869

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 17 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES E. DALTON

Mailing Address **11 HARVEST COURT**

City **GREENVILLE** State **SC** Zip Code **29601-4409**

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

Name of Employer **BLUE RIDGE ELECTRIC COOP** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103903

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **104 JOHN PRESTON DRIVE**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103870

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **330 FAIRWAY ROAD, SW**

City **AIKEN** State **SC** Zip Code **29801-3328**

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

Name of Employer **SVI, LLC** Occupation **ONWER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11.103733

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 18 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
JACK EDLOW

Mailing Address 11213 STEPHALEE LANE

City State Zip Code
ROCKVILLE MD 20852-3657

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

Name of Employer Occupation
EDLOW INTERNATIONAL COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103706

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 62 RHODE ISLAND AVENUE NW

City State Zip Code
WASHINGTON DC 20001-1201

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

Name of Employer Occupation
SENECA SOLUTIONS GOVERNMENT CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11.103741

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 207 W MASONIC VIEW AVENUE

City State Zip Code
ALEXANDRIA VA 22301-2416

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

Name of Employer Occupation
VIANOVO, L.P. CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11.103734

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1250.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 19 OF 114

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MARK E. EVEANS

Mailing Address 10620 S HIGHLAND LANE

City OLATHE State KS Zip Code 66061-7432

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

Name of Employer MERITAGE PORTFOLIO MANAGEMENT, INC. Occupation PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SA11.103798

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK E. EVEANS

Mailing Address 10620 S HIGHLAND LANE

City OLATHE State KS Zip Code 66061-7432

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

Name of Employer MERITAGE PORTFOLIO MANAGEMENT, INC. Occupation PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103821

Amount of Each Receipt this Period
100.00

Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
D. HOLLIS FELKEL II

Mailing Address 109 LAND GRANT DRIVE

City SIMPSONVILLE State SC Zip Code 29681-4899

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

Name of Employer THE FELKEL GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103755

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DAVID E. FELKEL

Mailing Address 220 CHERRY LANE

City SAINT GEORGE State SC Zip Code 29477-8715

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

Name of Employer EDISTO ELECTRIC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11.103614

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

Mailing Address 3124 SHADELAND DRIVE

City FALLS CHURCH State VA Zip Code 22044-1726

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

Name of Employer CASSIDY & ASSOCIATES Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.103739

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 17 LOCKWOOD DRIVE
4TH FLOOR

City CHARLESTON State SC Zip Code 29401-1190

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

Name of Employer BENNETT HOFFORD CONSTRUCTION Occupation DESIGN COORDINATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11.103748

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 1548 KATHWOOD DRIVE

City State Zip Code
COLUMBIA SC 29206-4508

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

Name of Employer Occupation
SOUTH CAROLINA HEART CENTER CARDIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103865

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES W. FOWLER JR.

Mailing Address PO BOX 531

City State Zip Code
WINDER GA 30680-0531

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

Name of Employer Occupation
AMERICAN TITLE LOANS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11.103652

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 117

City State Zip Code
WHITE SULPHUR SPRI WV 24986-0117

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

Name of Employer Occupation
SELF EMPLOYED RESEARCH COORDINATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : SA11.103568

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
KALEB D. FROELICH

Mailing Address 631 D STREET, NW
633

City State Zip Code
WASHINGTON DC 20004-2956

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

Name of Employer Occupation
CASSIDY & ASSOC. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103918

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 1304 CHANCEL PLACE

City State Zip Code
ALEXANDRIA VA 22314-4707

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

Name of Employer Occupation
OGILVY GOV. RELATIONS GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11.103740

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 14437 BALLANTYNE COUNTRY CLUB

City State Zip Code
CHARLOTTE NC 28277-1400

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

Name of Employer Occupation
CAROLINA BLOOD & CANCER CARE ASSOC PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11.103577

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
GERALD GORDON MD

Mailing Address 1725 HUNTSMAN DRIVE

City AIKEN State SC Zip Code 29803-5239

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

Name of Employer INTERNAL MEDICINE ASSOCIATES OF AIKEI Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11.103889

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HENRY CLYDE HARRISON

Mailing Address 1213 SHADOW WAY

City GREENVILLE State SC Zip Code 29615-3843

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

Name of Employer AMERICAN SERVICES, INC. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11.103684

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 212 MAPLE RIDGE ROAD

City BLYTHEWOOD State SC Zip Code 29016-8392

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

Name of Employer FAIRFIELD ELECTRIC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103613

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 24 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 17 LOCKWOOD DRIVE
4TH FLOOR

City Charleston State SC Zip Code 29401-1190

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

Name of Employer BENNETT HOFFORD CONSTRUCTION Occupation DEVELOPER/BUILDER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11.103749

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROY DAVIS HOWSER ESQUIRE

Mailing Address 4715 PORTOBELLO ROAD

City COLUMBIA State SC Zip Code 29206-4617

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

Name of Employer HOWSER, NEWMAN & BESLEY, LLC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103835

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES R. JACKSON

Mailing Address 198 KAMINER LANE

City LEXINGTON State SC Zip Code 29072-9280

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

Name of Employer C.R. JACKSON, INC. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016

Transaction ID : SA11.103574

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 25 OF 114

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
TIM KILLIAN

Mailing Address **270 WATERSTONE DRIVE**

City **LEXINGTON** State **SC** Zip Code **29072-6713**

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

Name of Employer **CHECKMARX** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103852

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD S. KIZER

Mailing Address **1602 SCARLET OAK COURT**

City **MONCKS CORNER** State **SC** Zip Code **29461-2902**

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

Name of Employer **SANTEE COOPER** Occupation **VP PUBLIC AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103868

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERIC K. KNOX

Mailing Address **43524 LUCKETTS BRIDGE CIRCLE**

City **ASHBURN** State **VA** Zip Code **20148-6715**

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

Name of Employer **URS** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.103705

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
PETER LEIDEL

Mailing Address 1422 PRIVATE ROAD 1173

City State Zip Code
DIME BOX TX 77853-1708

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

Name of Employer Occupation
YORKTOWN PARTNERS, LLC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103717

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1422 PRIVATE ROAD 1173

City State Zip Code
DIME BOX TX 77853-1708

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

Name of Employer Occupation
YORKTOWN PARTNERS, LLC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103717B

Amount of Each Receipt this Period
-2300.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

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

Mailing Address 1422 PRIVATE ROAD 1173

City State Zip Code
DIME BOX TX 77853-1708

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

Name of Employer Occupation
YORKTOWN PARTNERS, LLC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103722

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 27 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DAVID B. LOBB

Mailing Address 1035 WINCHESTER LANE

City State Zip Code
AIKEN SC 29803-9667

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11.103888

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SIDNEY S. LOCKE JR.

Mailing Address 510 SILVER RIDGE DRIVE

City State Zip Code
GREER SC 29651-5510

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

Name of Employer Occupation
SAGE AUTOMOTIVE INTERIORS DIRECTOR OF MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.103754

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RANDOLPH R. LOWELL

Mailing Address PO BOX 8204

City State Zip Code
COLUMBIA SC 29202-8204

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

Name of Employer Occupation
WILLOUGHBY & HOEFER, PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : SA11.103564

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 28 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
RANDOLPH R. LOWELL

Mailing Address **PO BOX 8204**

City **COLUMBIA** State **SC** Zip Code **29202-8204**

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

Name of Employer **WILLOUGHBY & HOEFER, PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103581

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RANDOLPH R. LOWELL

Mailing Address **PO BOX 8204**

City **COLUMBIA** State **SC** Zip Code **29202-8204**

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

Name of Employer **WILLOUGHBY & HOEFER, PA** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11.103724

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address **5751 AUGUSTA ROAD**

City **GREENVILLE** State **SC** Zip Code **29605-2760**

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

Name of Employer **ELDECO, INC.** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103905

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 29 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
A. FOSTER MCKISSICK III

Mailing Address 2323 LAURENS ROAD

City Greenville State SC Zip Code 29607-3246

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

Name of Employer Occupation
FAIRWAY FORD, INC. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.103687

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN G. MCKNIGHT

Mailing Address 7000 FALLS REACH DRIVE
APT. 211

City Falls Church State VA Zip Code 22043-2334

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

Name of Employer Occupation
CASSIDY & ASSOCIATES CONSULTANT/COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.103737

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EARL E. MCLEOD JR.

Mailing Address 317 COUNTRY LAKE COURT

City Lexington State SC Zip Code 29072-8065

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

Name of Employer Occupation
HOME BUILDERS ASSOCIATION OF EXEC. DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11.103662

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MILTON P. MOORE

Mailing Address 6100 RUTLEDGE HILL ROAD

City	State	Zip Code
COLUMBIA	SC	29209-1315

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

Name of Employer	Occupation
MOORE GREENWOOD ASSOCIATES	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103818

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 13714 DARLTREY LANE

City	State	Zip Code
CHARLOTTE	NC	28277-2374

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

Name of Employer	Occupation
CAROLINA BLOOD AND CANCER CARE ASSI	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11.103576

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CATHY B. NOVINGER

Mailing Address 508 KERSHAW STREET

City	State	Zip Code
CHERAW	SC	29520-2611

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

Name of Employer	Occupation
NOVINGER QTR, INC.	BUSINESS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103872

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DENNIS O'BRIEN

Mailing Address **36 CHAPEL STREET**

City **CHARLESTON** State **SC** Zip Code **29403-6318**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103757

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER L. PARTRICH

Mailing Address **217 SHORES EDGE DRIVE**

City **CHAPIN** State **SC** Zip Code **29036-7528**

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

Name of Employer **THE SIMS GROUP** Occupation **ELECTRICAL ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11.103646

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KASHYAP B. PATEL

Mailing Address **14820 JOCKEYS RIDGE DRIVE**

City **CHARLOTTE** State **NC** Zip Code **28277-3718**

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

Name of Employer **CAROLINA BLOOD & CANCER CARE ASSOC** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11.103575

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 32 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
VASANT B. PATEL MD

Mailing Address **2766 LAKE WYLIE DRIVE**

City **ROCK HILL** State **SC** Zip Code **29732-9623**

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

Name of Employer **CAROLINA CARDIOLOGY** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11.103580

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TERRY L. PAUL

Mailing Address **733 10TH STREET NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20001-4886**

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

Name of Employer **CASSIDY & ASSOCIATES** Occupation **EXECUTIVE VP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103915

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **153 CARRIAGE HILL DRIVE**

City **LEXINGTON** State **SC** Zip Code **29072-7503**

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

Name of Employer **SANTEE COOPER** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103753

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DIRK R. PIEPER

Mailing Address 10 LAWSON WAY

City GREENVILLE State SC Zip Code 29605-3232

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

Name of Employer SAGE AUTOMOTIVE INTERIORS Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.103904

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES L. PITTS

Mailing Address 901 7TH STREET NW
SUITE 200

City WASHINGTON State DC Zip Code 20001-3883

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

Name of Employer NAVIGATORS GLOBAL Occupation FOUNDRING PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103927

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 6793 FATHER JOHN COURT

City MCLEAN State VA Zip Code 22101-2156

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

Name of Employer CASSIDY & ASSOCIATES Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103758

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 34 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
SARAH RINDLAUB

Mailing Address **8441 SE 68TH STREET**
217

City **MERCER ISLAND** State **WA** Zip Code **98040-5235**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
01 / 11 / 2016

Transaction ID : SA11.103537

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL C. RIORDAN

Mailing Address **101 WOODLAND WAY**

City **GREENVILLE** State **SC** Zip Code **29601-3822**

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

Name of Employer **GREENVILLE HEALTH SYSTEM** Occupation **PRESIDENT & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
03 / 22 / 2016

Transaction ID : SA11.103686

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **3916 BENTWOOD COURT**

City **FAIRFAX** State **VA** Zip Code **22031-3252**

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

Name of Employer **ROBERTS RAHEB** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
02 / 09 / 2016

Transaction ID : SA11.103586

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 35 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
JOHN R. ROOF

Mailing Address **6170 EASTSHORE ROAD**

City **COLUMBIA** State **SC** Zip Code **29206-4310**

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

Name of Employer **RPW DEVELOPMENT, INC.** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11.103688

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FOSTER M. ROUTH III

Mailing Address **2904 WHEAT STREET**

City **COLUMBIA** State **SC** Zip Code **29205-2518**

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

Name of Employer **COPPER DOME STRATEGIES, LLC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103881

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **1619 BLUFF ROAD**

City **COLUMBIA** State **SC** Zip Code **29201-4913**

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

Name of Employer **CAROLINA INTERNATIONAL TRUCKS** Occupation **TRUCKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103634

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ANDREW J. SAVAGE III

Mailing Address 15 PRIOLEAU STREET

City Charleston State SC Zip Code 29401-2110

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

Name of Employer SAVAGE LAW FIRM Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103924

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 78 N SEA PINES DRIVE

City Hilton Head Island State SC Zip Code 29928-6007

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

Name of Employer VETRONIX RESEARCH CORP. Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103840

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL W. SCLATER

Mailing Address 4212 SKIPFARE COURT

City Prince William State VA Zip Code 22192-5573

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

Name of Employer DEFENSE COMMISSARY AGENCY Occupation DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103707

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 4624 RIVER ROAD

City ALLENDALE State SC Zip Code 29810-7518

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

Name of Employer COLLUM LUMBER COMPANY Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11.103875

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
L. TODD SEASE

Mailing Address 1520 COUNTS FERRY ROAD

City LEXINGTON State SC Zip Code 29072-8376

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

Name of Employer JUMPER, TODD & SEASE ARCHITECT Occupation ARCHITECT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.103643

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

Mailing Address 3125 ST. IVES CC PARKWAY

City JONES CREEK State GA Zip Code 30097

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

Name of Employer IMPERIAL INVESTMENTS GROUP Occupation PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11.103582

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
C. BRUCE SHEALY

Mailing Address **2221 BEE RIDGE ROAD**

City **COLUMBIA** State **SC** Zip Code **29223-6802**

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

Name of Employer **SHEALY TRUCK CENTER** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103640

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN W. SHEALY JR.

Mailing Address **PO BOX 196**

City **LEXINGTON** State **SC** Zip Code **29071-0196**

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

Name of Employer **CAPITAL CONCRETE CO.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103637

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANK R. SHEPPARD JR.

Mailing Address **2424 RIPPLING BROOK ROAD**

City **FREDERICK** State **MD** Zip Code **21701-9382**

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

Name of Employer **PARSONS** Occupation **SWPF PROJECT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11.103790

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1000.00

**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 39 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
FRANK R. SHEPPARD JR.

Mailing Address **2424 RIPPLING BROOK ROAD**

City **FREDERICK** State **MD** Zip Code **21701-9382**

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

Name of Employer **PARSONS** Occupation **SWPF PROJECT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11.103890

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

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

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.103570

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

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

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11.103735

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 40 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
H. PERRY SHUPING

Mailing Address 17 ASHWORTH LANE

City State Zip Code
COLUMBIA SC 29206-1374

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

Name of Employer Occupation
HONDA CARS OF COLUMBIA OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11.103636

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 22 KINROSS DRIVE

City State Zip Code
STAFFORD VA 22554-6579

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

Name of Employer Occupation
CASSIDY & ASSOCIATES GOVERNMENT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11.103742

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PRADEEP SINGH MD

Mailing Address 3368 LAKE WYLIE DRIVE

City State Zip Code
ROCK HILL SC 29732-8639

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

Name of Employer Occupation
CAROLINA CARDIOLOGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : SA11.103579

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT R. SMITH II, ESQ.

Mailing Address 4212 TRENHOLM ROAD

City State Zip Code
COLUMBIA SC 29206-4457

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

Name of Employer Occupation
MOORE & VAN ALLEN PLLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11.103745

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
L. STEWART SPINKS

Mailing Address PO BOX 6104

City State Zip Code
GREENVILLE SC 29606

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

Name of Employer Occupation
THE SPINX COMPANY, INC. CHAIRMAN AND FOUNDER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.103683

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 14 RAMSFORD LANE

City State Zip Code
SIMPSONVILLE SC 29681-3649

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

Name of Employer Occupation
GE VICE PRESIDENT & CTO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.103732

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ROGER STROEDE

Mailing Address 1714 CAROLINA DRIVE, SW

City AIKEN State SC Zip Code 29801-3302

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

Name of Employer SVI, LLC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11.103729

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWIN S. TAYLOR

Mailing Address 427 GREENBRIAR LANE

City CHARLESTON State SC Zip Code 29412-2614

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.103731

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOE E. TAYLOR JR.

Mailing Address 47 MAHALO LANE

City COLUMBIA State SC Zip Code 29204-3380

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

Name of Employer PARK & WASHINGTON, LLC Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.103895

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
JEFFREY N. THORDAHL

Mailing Address 2614-2416 DUNCAN STREET

City COLUMBIA	State SC	Zip Code 29205-3122
------------------	-------------	------------------------

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

Name of Employer MGC PUBLIC AFFAIRS	Occupation ATTORNEY
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11.103871

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J. RICHARDS TODD

Mailing Address 2424 HEYWARD STREET

City COLUMBIA	State SC	Zip Code 29205-3106
------------------	-------------	------------------------

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

Name of Employer SOUTH CAROLINA TRUCKING ASSO	Occupation PRESIDENT
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11.103638

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 4937 TILDEN STREET NW

City WASHINGTON	State DC	Zip Code 20016-2331
--------------------	-------------	------------------------

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

Name of Employer TCH GROUP, LLC	Occupation MANAGING PARTNER/ATTORNEY
------------------------------------	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103703

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ARCHIE W. TRAWICK, JR.

Mailing Address **220 JAKES LANDING ROAD**
SUITE 2

City **LEXINGTON** State **SC** Zip Code **29072-9690**

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

Name of Employer **JAKES LANDING, LLC** Occupation **MARINA OPERATOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103828

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MATTHEW VAN PATTON

Mailing Address **254 SHEFFIELD ROAD**

City **GREER** State **SC** Zip Code **29651-1000**

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

Name of Employer **LEVITY, LLC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.103756

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEREMY S. WALTHER

Mailing Address **2239 FIRE DEPT ROAD**

City **GORDON** State **AL** Zip Code **36343-8417**

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

Name of Employer **WALTHER FARMS** Occupation **FARM MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11.103893

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
FRED WEST

Mailing Address **116 BREEZY POINT LANE**

City **LEESVILLE** State **SC** Zip Code **29070-7004**

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

Name of Employer **AMICK FARMS** Occupation **VP OF HR & CORP. COMMUNICATIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103874

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **494 POWDERHOUSE ROAD SE**

City **AIKEN** State **SC** Zip Code **29801-5148**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103813

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID H. WILKINS

Mailing Address **31 SIRRINE DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-1136**

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

Name of Employer **NELSON MULLINS** Occupation **ATTORNEY - PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103921

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
JOHN M. WORLEY JR.

Mailing Address 1143 PUTTER PATH ROAD

City	State	Zip Code
ORANGEBURG	SC	29118-4082

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

Name of Employer	Occupation
ZEUS INDUSTRIAL PRODUCTS, IN	PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.103675

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN M. WORLEY JR.

Mailing Address 1143 PUTTER PATH ROAD

City	State	Zip Code
ORANGEBURG	SC	29118-4082

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

Name of Employer	Occupation
ZEUS INDUSTRIAL PRODUCTS, IN	PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11.103675B

Amount of Each Receipt this Period
-2700.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
JOHN M. WORLEY JR.

Mailing Address 1143 PUTTER PATH ROAD

City	State	Zip Code
ORANGEBURG	SC	29118-4082

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

Name of Employer	Occupation
ZEUS INDUSTRIAL PRODUCTS, IN	PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11.103681

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address **PO BOX 115**

City **THOMSON** State **GA** Zip Code **30824-0115**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11.103782

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 115**

City **THOMSON** State **GA** Zip Code **30824-0115**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103839

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address **713 CLINTON AVENUE E**

City **HUNTSVILLE** State **AL** Zip Code **35801-3620**

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

Name of Employer **KORD TECHNOLOGIES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA11.103588

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 48 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. EXECUTIVE CONSTRUCTION HOMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 BEAVER RIDGE DRIVE
 City ELGIN State SC Zip Code 29045-8211
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : SA11.103690
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW

B. EDDIE YANDLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 BEAVER RIDGE DRIVE
 City ELGIN State SC Zip Code 29045-8211
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 EXECUTIVE CONSTRUCTION HOMES HOMEBUILDER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : SA11.103933
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

C. SIGNATURE CONSTRUCTION & DESIGN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 MONROE STREET
 City COLUMBIA State SC Zip Code 29205-2549
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : SA11.103648
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW

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

750.00

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

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

FOR LINE NUMBER: PAGE 49 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address **2807 MONROE STREET**

City **COLUMBIA** State **SC** Zip Code **29205**

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

Name of Employer **SIGNATURE CONSTRUCTION & DESIGN** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11.103932

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
TITAN PRODUCTION COMPANY, LLC

Mailing Address **5 R.W. DUBOSE & SON ROAD**

City **RIDGE SPRING** State **SC** Zip Code **29129-9552**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11.103691

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
CHALMERS R. CARR III

Mailing Address **5 R W DUBOSE ROAD**

City **RIDGE SPRING** State **SC** Zip Code **29129-9552**

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

Name of Employer **TITAN FARMS, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11.103692B

Amount of Each Receipt this Period
-2000.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

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

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

2700.00

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

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

FOR LINE NUMBER: PAGE 50 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CHALMERS R. CARR III

Mailing Address **5 R W DUBOSE ROAD**

City **RIDGE SPRING** State **SC** Zip Code **29129-9552**

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

Name of Employer **TITAN FARMS, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11.103696

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
WELSH-PATEL, LLC

Mailing Address **1583 HEALTHCARE DRIVE**

City **ROCK HILL** State **SC** Zip Code **29732-3858**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11.103578

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
JAMES D. WELSH MD

Mailing Address **2981 ELLINGTON DRIVE**

City **ROCK HILL** State **SC** Zip Code **29732-9486**

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

Name of Employer **CAROLINA BLOOD & CANCER CARE ASSOC** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11.103583

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
PARTNERSHIP ATTRIBUTION

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

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

1000.00

107650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 114
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22203-1867

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : SA11.103656

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address 2450 CRYSTAL DRIVE SUITE 500

City ARLINGTON State VA Zip Code 22202-3892

FEC ID number of contributing federal political committee. **C** C00374447

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103931

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AIKEN ELECTRIC COOPERATIVE INC. PAC

Mailing Address 2790 WAGENER ROAD

City AIKEN State SC Zip Code 29801-8126

FEC ID number of contributing federal political committee. **C** C00398255

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11.103615

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 2550 WASSER TERRACE
SUITE 9000

City HERNDON State VA Zip Code 20171-6382

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103709

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION PAC

Mailing Address 421 AVIATION WAY

City FREDERICK State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11.103883

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALTICOR POLITICAL ACTION COMMITTEE (ALTIPAC)

Mailing Address 7575 E FULTON ROAD

City ADA State MI Zip Code 49355-0001

FEC ID number of contributing federal political committee. **C** C00034884

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103929

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. AMAZON PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 NEW JERSEY AVE NW
 SUITE 900
 City WASHINGTON State DC Zip Code 20001-2027
 FEC ID number of contributing federal political committee. **C C00360354**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : SA11.103713
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 18TH STREET NW
 SUITE 300
 City WASHINGTON State DC Zip Code 20006-5526
 FEC ID number of contributing federal political committee. **C C00038604**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : SA11.103712
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. ARCHIPAC-THE AMERICAN INSTITUTE OF ARCHITECTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1735 NEW YORK AVENUE, NW
 City WASHINGTON State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C C00139071**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : SA11.103650
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

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

3000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 607 14TH STREET NW
SUITE 500

City WASHINGTON State DC Zip Code 20005-2023

FEC ID number of contributing federal political committee. **C C00371948**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.103601

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CB&I POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET NW
SUITE 620

City WASHINGTON State DC Zip Code 20001-4456

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.103657

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CB&I POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET NW
SUITE 620

City WASHINGTON State DC Zip Code 20001-4456

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103718

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 56 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 1331 PENNSYLVANIA AVENUE NW
SUITE 560

City WASHINGTON State DC Zip Code 20004-1745

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.103702

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11.103600

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITTEE

Mailing Address 1700 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102-4302

FEC ID number of contributing federal political committee. **C C00409979**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11.103676

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. EMPLOYEES OF NORTHROP GRUMMAN PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2980 FAIRVIEW PARK DRIVE

City Falls Church State VA Zip Code 22042-4511

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.103605

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. GENERAL DYNAMICS CORPORATION PAC (GDC PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 2941 FAIRVIEW PARK DRIVE SUITE 100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.103658

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. GENERAL ELECTRIC POLITICAL ACTION COMMITTEE (GEPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1299 PENNSYLVANIA AVENUE NW SUITE 900

City Washington State DC Zip Code 20004-2414

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.103606

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 58 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION PAC (H-PAC)

Mailing Address 600 MARYLAND AVENUE SW
SUITE 850E

City WASHINGTON State DC Zip Code 20024-2566

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103928

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : SA11.103655

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103886

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA PAC

Mailing Address **20 F STREET NW
SUITE 610**

City **WASHINGTON** State **DC** Zip Code **20001-6707**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103910

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address **1615 L STREET, NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20036-5623**

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103911

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC

Mailing Address **2121 CRYSTAL DR
STE 100**

City **ARLINGTON** State **VA** Zip Code **22202-3706**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11.103673

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 60 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MAYNARD COOPER & GALE, PC PAC

Mailing Address 1901 SIXTH AVENUE NORTH
2400 REGIONS HARBERT PLAZA

City BIRMINGHAM State AL Zip Code 35203-2618

FEC ID number of contributing federal political committee. **C C00272724**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2016

Transaction ID : SA11.103592

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1455 PENNSYLVANIA AVENUE, NW
SUITE 900

City WASHINGTON State DC Zip Code 20004-1016

FEC ID number of contributing federal political committee. **C C00075341**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103716

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL AUTOMOBILE DEALERS ASSN. PAC

Mailing Address 412 FIRST STREE SE

City WASHINGTON State DC Zip Code 20003-1804

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : SA11.103635

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

7500.00

**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 61 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11.103661

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

B. NATIONAL RESTAURANT ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2055 L STREET, NW

City WASHINGTON State DC Zip Code 20036-4983

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103750

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

C. NAUS-PAC

Full Name (Last, First, Middle Initial)
Mailing Address 5535 HEMPSTEAD WAY

City SPRINGFIELD State VA Zip Code 22151-4010

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.103604

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 5535 HEMPSTEAD WAY

City Springfield State VA Zip Code 22151-4010

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103708

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH FEDERAL PAC

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City Columbia State SC Zip Code 29201-3268

FEC ID number of contributing federal political committee. **C C00278895**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.103902

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1915 REXFORD ROAD

City Charlotte State NC Zip Code 28211-3465

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11.103682

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ORBITAL ATK, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1300 WILSON BLVD
SUITE 1100

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103914

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 W WALNUT STREET

City PASADENA State CA Zip Code 91124-0001

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11.103685

Amount of Each Receipt this Period
 3000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1100 WILSON BOULEVARD
SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11.103887

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 64 OF 114
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 30 HUNTER LANE

City State Zip Code
CAMP HILL PA 17011-2400

FEC ID number of contributing federal political committee. **C C00104083**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.103715

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCANA CORPORATION FEDERAL PAC

Mailing Address PO BOX 764

City State Zip Code
COLUMBIA SC 29202-0764

FEC ID number of contributing federal political committee. **C C00200907**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11.103867

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY PAC

Mailing Address 1710 SAIC DRIVE

City State Zip Code
MCLEAN VA 22102-3702

FEC ID number of contributing federal political committee. **C C00300418**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.103917

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address PO BOX 50193

City SPARKS State NV Zip Code 89435-0193

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103719

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 50193

City SPARKS State NV Zip Code 89435-0193

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103930

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 50 F STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20001-1530

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.103659

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 114
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address 1101 PENNSYLVANIA AVE, NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20004-2566

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103913

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNUM GROUP POLITICAL ACTION COMMITTEE (UNUMPAC)

Mailing Address 1 FOUNTAIN SQUARE

City CHATTANOOGA State TN Zip Code 37402-1307

FEC ID number of contributing federal political committee. **C C00177436**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.103710

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 3401 HILLVIEW AVE

City PALO ALTO State CA Zip Code 94304-1320

FEC ID number of contributing federal political committee. **C C00477299**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.103919

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 67 OF 114	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

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

Mailing Address **1775 PENNSYLVANIA AVE NW**
SUITE 250

City **WASHINGTON** State **DC** Zip Code **20006-4605**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.103711

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

Memo Item

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

Memo Item

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

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

1000.00

74000.00

**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 68 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MR. MORRIS CREGGER			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address 629 N. 12TH STREET			Amount of Each Disbursement this Period 650.00	
City WEST COLUMBIA	State SC	Zip Code 29169	Memo Item <input type="checkbox"/>	
Purpose of Disbursement RENT		Category/ Type 001		
Candidate Name			Transaction ID : SB17.I9134	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. MR. MORRIS CREGGER			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016	
Mailing Address 629 N. 12TH STREET			Amount of Each Disbursement this Period 650.00	
City WEST COLUMBIA	State SC	Zip Code 29169	Memo Item <input type="checkbox"/>	
Purpose of Disbursement RENT		Category/ Type 001		
Candidate Name			Transaction ID : SB17.I9170	
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. MR. MORRIS CREGGER			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 629 N. 12TH STREET			Amount of Each Disbursement this Period 650.00	
City WEST COLUMBIA	State SC	Zip Code 29169	Memo Item <input type="checkbox"/>	
Purpose of Disbursement RENT		Category/ Type 001		
Candidate Name			Transaction ID : SB17.I9178	
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).....	1950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MR. MORRIS CREGGER			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016		
Mailing Address 629 N. 12TH STREET			Amount of Each Disbursement this Period 650.00		
City WEST COLUMBIA	State SC	Zip Code 29169	Memo Item <input type="checkbox"/>		
Purpose of Disbursement RENT		Category/Type 001			
Candidate Name			Transaction ID : SB17.I9223		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 223.13		
City CAYCE	State SC	Zip Code 29033-2322	Memo Item <input type="checkbox"/>		
Purpose of Disbursement MILEAGE		Category/Type 002			
Candidate Name			Transaction ID : SB17.I9135		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016		
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 56.83		
City CAYCE	State SC	Zip Code 29033-2322	Memo Item <input type="checkbox"/>		
Purpose of Disbursement MILEAGE		Category/Type 002			
Candidate Name			Transaction ID : SB17.I9176		
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)	929.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016		
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 61.44		
City CAYCE	State SC	Zip Code 29033-2322	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9234		
Purpose of Disbursement MILEAGE		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. GILBERT WALLACE			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address PO BOX 2163			Amount of Each Disbursement this Period 660.15		
City WEST COLUMBIA	State SC	Zip Code 29171-2163	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9148		
Purpose of Disbursement MILEAGE & MEALS REIMBURSEMENT		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. GILBERT WALLACE			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015		
Mailing Address PO BOX 2163			Amount of Each Disbursement this Period 362.74		
City WEST COLUMBIA	State SC	Zip Code 29171-2163	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9150		
Purpose of Disbursement MILEAGE		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	721.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address BUSH RIVER ROAD, SUITE 2003		Amount of Each Disbursement this Period 110.13
City COLUMBIA State SC Zip Code 29210	Category/Type 001	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9152
State: District:		

Full Name (Last, First, Middle Initial) B. GILBERT WALLACE		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO BOX 2163		Amount of Each Disbursement this Period 93.73
City WEST COLUMBIA State SC Zip Code 29171-2163	Category/Type 002	
Purpose of Disbursement MILEAGE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9182
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 4042.21
City NOTTINGHAM State MD Zip Code 21236-4907	Category/Type 001	
Purpose of Disbursement PAYROLL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9126
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4135.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ELIZABETH L. BURKE			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 170 RIVER BIRCH LANE			Amount of Each Disbursement this Period 225.04	
City COLUMBIA	State SC	Zip Code 29206	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9127	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 1817.17	
City CAYCE	State SC	Zip Code 29033-2322	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9128	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 39 ALEXANDER STREET			Amount of Each Disbursement this Period 2000.00	
City ALEXANDRIA	State VA	Zip Code 22314-6646	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9129	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 902.37
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL TAXES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9130
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 4190.80
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9183
State: District:		

Full Name (Last, First, Middle Initial) C. ELIZABETH L. BURKE		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 170 RIVER BIRCH LANE		Amount of Each Disbursement this Period 225.05
City COLUMBIA State SC Zip Code 29206	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9186
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5093.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 1674.50
City CAYCE	State SC	Zip Code 29033-2322	
Purpose of Disbursement PAYROLL		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I9187
State: District:			

Full Name (Last, First, Middle Initial) B. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 39 ALEXANDER STREET			Amount of Each Disbursement this Period 2291.25
City ALEXANDRIA	State VA	Zip Code 22314-6646	
Purpose of Disbursement PAYROLL		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I9188
State: District:			

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 8094 SANDPIPER CIRCLE			Amount of Each Disbursement this Period 686.36
City NOTTINGHAM	State MD	Zip Code 21236-4907	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I9184
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	686.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 83.60
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9218
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 89.10
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9219
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 14.00
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9221
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	186.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 83.60
City NOTTINGHAM	State MD	
Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 14.00
City NOTTINGHAM	State MD	
Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9246
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 83.60
City NOTTINGHAM	State MD	
Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9250
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).....	181.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 14.00
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL SVC Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9251
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 4014.95
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9253
State: District:		

Full Name (Last, First, Middle Initial) C. ELIZABETH L. BURKE		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 170 RIVER BIRCH LANE		Amount of Each Disbursement this Period 225.04
City COLUMBIA State SC Zip Code 29206	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9254
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4028.95
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 78 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAROL B. DAVIS		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 116 MELODY LANE		Amount of Each Disbursement this Period 1498.66
City CAYCE State SC Zip Code 29033-2322	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I9255
State: District:		

Full Name (Last, First, Middle Initial) B. JONATHAN M. DAY		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 39 ALEXANDER STREET		Amount of Each Disbursement this Period 2291.25
City ALEXANDRIA State VA Zip Code 22314-6646	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I9256
State: District:		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 594.14
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I9257
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	594.14
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 79 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AUTO-OWNERS INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO BOX 30315		Amount of Each Disbursement this Period 525.52
City LANSING State MI Zip Code 48909-7815	Purpose of Disbursement INSURANCE Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9209
State: District:		

Full Name (Last, First, Middle Initial) B. BATESBURG-LEESVILLE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO BOX 2178		Amount of Each Disbursement this Period 115.00
City LEESVILLE State SC Zip Code 29070-0178	Purpose of Disbursement DUES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9173
State: District:		

Full Name (Last, First, Middle Initial) C. BLUEBONNET FUNDRAISING LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 3300 BEE CAVES ROAD #650-1151		Amount of Each Disbursement this Period 4000.00
City AUSTIN State TX Zip Code 78746	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9174
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4640.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. BRANCH BANKING & TRUST COMPANY			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 1909 K STREET NW			Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I9220
City WASHINGTON	State DC	Zip Code 20006-1152	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. BRANCH BANKING & TRUST COMPANY			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 1909 K STREET NW			Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I9247
City WASHINGTON	State DC	Zip Code 20006-1152	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. BRANCH BANKING & TRUST COMPANY			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 1909 K STREET NW			Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I9252
City WASHINGTON	State DC	Zip Code 20006-1152	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. BUILDING INDUSTRY ASSOCIATION OF CENTRAL SC		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 625 TAYLOR STREET		Amount of Each Disbursement this Period 565.00
City COLUMBIA State SC Zip Code 29169	<input type="checkbox"/> Memo Item	
Purpose of Disbursement MEMBERSHIP DUES	Category/Type	Transaction ID : SB17.I9240
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 117 N. ST. ASAPH STREET		Amount of Each Disbursement this Period 862.20
City ALEXANDRIA State VA Zip Code 22314	<input type="checkbox"/> Memo Item	
Purpose of Disbursement LIST RENTAL	Category/Type 003	Transaction ID : SB17.I9326
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CONCENTRIC OFFICE, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO BOX 2485		Amount of Each Disbursement this Period 7558.00
City SPRINGFIELD State VA Zip Code 22152-0485	<input type="checkbox"/> Memo Item	
Purpose of Disbursement COMPLIANCE SERVICES	Category/Type 001	Transaction ID : SB17.I9211
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8985.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. DUPRE CATERING AND EVENTS			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address 316 SENATE STREET			Amount of Each Disbursement this Period 4691.41		
City COLUMBIA	State SC	Zip Code 29201-3032	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CATERING		Category/ Type 003			
Candidate Name			Transaction ID : SB17.I9136		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. EDONATION			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016		
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount of Each Disbursement this Period 166.08		
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 003			
Candidate Name			Transaction ID : SB17.I9212		
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. EDONATION			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016		
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount of Each Disbursement this Period 299.07		
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 003			
Candidate Name			Transaction ID : SB17.I9295		
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)	5156.56
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 83 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. EDONATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 715.60
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9325
State: District:		

Full Name (Last, First, Middle Initial) B. IRMO LOCK		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 7418 WOODROW STREET		Amount of Each Disbursement this Period 125.00
City IRMO State SC Zip Code 29063-2830	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9137
State: District:		

Full Name (Last, First, Middle Initial) C. LEXINGTON COUNTY CHRONICLE & DISPATCH		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address PO BOX 9		Amount of Each Disbursement this Period 273.00
City LEXINGTON State SC Zip Code 29071-0009	Purpose of Disbursement AD 004 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9138
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1113.60
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 84 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

A. MAIL MARKETING STRATEGIES

Mailing Address PO BOX 5497

City COLUMBIA State SC Zip Code 29250-5497

Purpose of Disbursement MAILER

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 01 / 2016

Amount of Each Disbursement this Period: 22500.00

Memo Item

Transaction ID : SB17.I9177

Category/Type: 003

Full Name (Last, First, Middle Initial)

B. OFFICEMAX

Mailing Address 607 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29210-7536

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 01 / 2016

Amount of Each Disbursement this Period: 397.40

Memo Item

Transaction ID : SB17.I9238

Category/Type:

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 2ND STREET FLOOR 1

City SAN FRANCISCO State CA Zip Code 94105-3718

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2016

Amount of Each Disbursement this Period: 1.00

Memo Item

Transaction ID : SB17.I9168

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 22501.00

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 85 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 24.00
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9185
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 24.00
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9213
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 108.00
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9214
State: District:	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional).....	156.00
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 86 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.40
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.I9216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period -2.80
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement REFUND - CREDIT CARD MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.I9217
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.I9222
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).....	-0.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9258
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9259
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 12.80
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9260
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 10.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9261
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 72.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9262
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 130.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9263
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 03 / 19 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 20.00
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.I9264
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 21.00
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.I9265
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 138.00
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.I9266
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).....	179.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 44.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9267
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 24.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9268
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 22.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9269
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 91.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9270
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 40.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9271
State: District:		

Full Name (Last, First, Middle Initial) C. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address PO BOX 7431		Amount of Each Disbursement this Period 1079.23
City COLUMBIA State SC Zip Code 29202-7431	Purpose of Disbursement WEB SERVICE Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9139
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1210.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SCE&G		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address PO BOX 100255		Amount of Each Disbursement this Period 107.99
City COLUMBIA State SC Zip Code 29202-3255	Purpose of Disbursement UTILITIES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9140
State: District:		

Full Name (Last, First, Middle Initial) B. SCE&G		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO BOX 100255		Amount of Each Disbursement this Period 185.93
City COLUMBIA State SC Zip Code 29202-3255	Purpose of Disbursement UTILITIES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9210
State: District:		

Full Name (Last, First, Middle Initial) C. SCE&G		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address PO BOX 100255		Amount of Each Disbursement this Period 159.91
City COLUMBIA State SC Zip Code 29202-3255	Purpose of Disbursement UTILITIES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9241
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	453.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 114			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SUN SOLUTIONS		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>05</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		05		2016
M M	/	D D	/	Y Y Y Y								
01		05		2016								
Mailing Address PO BOX 5011		Amount of Each Disbursement this Period <table border="1"> <tr> <td>6171.76</td> </tr> </table> <input type="checkbox"/> Memo Item Transaction ID : SB17.I9141	6171.76									
6171.76												
City ORANGEBURG State SC Zip Code 29116-5011	Purpose of Disbursement PRINTING <table border="1"> <tr> <td>003</td> </tr> </table> Category/Type	003										
003												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial) B. TD CARD SERVICES		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>01</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		01		2016
M M	/	D D	/	Y Y Y Y								
01		01		2016								
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period <table border="1"> <tr> <td>3268.26</td> </tr> </table> <input type="checkbox"/> Memo Item Transaction ID : SB17.I9125	3268.26									
3268.26												
City CHERRY HILL State NJ Zip Code 08034-0372	Purpose of Disbursement CREDIT CARD PAYMENT <table border="1"> <tr> <td>001</td> </tr> </table> Category/Type	001										
001												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		16		2015
M M	/	D D	/	Y Y Y Y								
11		16		2015								
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period <table border="1"> <tr> <td>711.54</td> </tr> </table> <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9160	711.54									
711.54												
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement FOOD/BEVERAGE <table border="1"> <tr> <td>003</td> </tr> </table> Category/Type	003										
003												
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).....	9440.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement COMPLIANCE SOFTWARE	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9158
Category/Type 001		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 99.00
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement ONLINE FUNDRAISING	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9159
Category/Type 003		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) C. HOUSE GIFT SHOP		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 529 14TH ST NW		Amount of Each Disbursement this Period 300.00
City WASHINGTON	State DC Zip Code 20045-1002	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9164
Category/Type 003		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address PO BOX 4191		Amount of Each Disbursement this Period 107.90
City CAROL STREAM	State IL	
Zip Code 60197-4191	Purpose of Disbursement CELL PHONE CHARGES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TWO MEN AND A TRUCK		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 2006 ROCKLAND ROAD		Amount of Each Disbursement this Period 310.65
City COLUMBIA	State SC	
Zip Code 29210-6826	Purpose of Disbursement MOVING COSTS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 294.00
City WEST COLUMBIA	State SC	
Zip Code 29169-5502	Purpose of Disbursement POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9155
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2015
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 117.81
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES <input type="checkbox"/> 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9154
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 230.03
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES <input type="checkbox"/> 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9161
State: District:		

Full Name (Last, First, Middle Initial) C. TD CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period 3546.67
City CHERRY HILL State NJ Zip Code 08034-0372	Purpose of Disbursement CREDIT CARD PAYMENT <input type="checkbox"/> 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9179
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3546.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address PO BOX 619612		Amount of Each Disbursement this Period 133.10
City DFW AIRPORT	State TX	
Zip Code 75261-9612	Purpose of Disbursement AIRFARE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.I9206
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 295.38
City WASHINGTON	State DC	
Zip Code 20003-1801	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.I9204
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement COMPLIANCE SOFTWARE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.I9202
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 99.00
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement ONLINE FUNDRAISING	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I9203
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. LIZARD'S THICKET		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 2240 AIRPORT BOULEVARD		Amount of Each Disbursement this Period 116.91
City WEST COLUMBIA	State SC Zip Code 29170-3173	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I9197
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. LIZARD'S THICKET		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 2240 AIRPORT BOULEVARD		Amount of Each Disbursement this Period 17.00
City WEST COLUMBIA	State SC Zip Code 29170-3173	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I9198
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address PO BOX 4191		Amount of Each Disbursement this Period 107.90
City CAROL STREAM	State IL	
Zip Code 60197-4191	Purpose of Disbursement CELL PHONE CHARGES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.I9207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 103.10
City CHICAGO	State IL	
Zip Code 60601-1604	Purpose of Disbursement AIRFARE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.I9205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 58.45
City PHILADELPHIA	State PA	
Zip Code 19170-0001	Purpose of Disbursement POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.I9192
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 4.65
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9194
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 53.80
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9199
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 53.80
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9200
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period -16.61
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE REFUND Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9201
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 12 / 28 / 2015
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 228.76
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9208
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 2401 AUGUSTA ROAD		Amount of Each Disbursement this Period 61.27
City WEST COLUMBIA State SC Zip Code 29169-4543	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9189
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 2401 AUGUSTA ROAD		Amount of Each Disbursement this Period 39.18
City WEST COLUMBIA	State SC Zip Code 29169-4543	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I9191	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WILLCOX INN		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 100 COLLETON AVENUE SW		Amount of Each Disbursement this Period 1237.00
City AIKEN	State SC Zip Code 29801-4870	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I9193	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TD CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period 6346.66
City CHERRY HILL	State NJ Zip Code 08034-0372	
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I9244	
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).....	6346.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address PO BOX 619612			Amount of Each Disbursement this Period 339.18
City DFW AIRPORT	State TX	Zip Code 75261-9612	
Purpose of Disbursement AIRFARE		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9284
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address PO BOX 619612			Amount of Each Disbursement this Period 798.00
City DFW AIRPORT	State TX	Zip Code 75261-9612	
Purpose of Disbursement AIRFARE		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9285
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address PO BOX 619612			Amount of Each Disbursement this Period 233.08
City DFW AIRPORT	State TX	Zip Code 75261-9612	
Purpose of Disbursement AIRFARE		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9286
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address PO BOX 619612		Amount of Each Disbursement this Period 209.10
City DFW AIRPORT	State TX Zip Code 75261-9612	
Purpose of Disbursement AIRFARE	002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I9288
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 416.25
City WASHINGTON	State DC Zip Code 20003-1801	
Purpose of Disbursement FOOD/BEVERAGE	003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I9290
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 99.00
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement ONLINE FUNDRAISING	003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I9289
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 269.60
City ATLANTA	State GA Zip Code 30320-6001	
Purpose of Disbursement AIRFARE	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I9287	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GREATER AIKEN CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address PO BOX 892		Amount of Each Disbursement this Period 100.00
City AIKEN	State SC Zip Code 29802-0892	
Purpose of Disbursement DUES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I9291	
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. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address BUSH RIVER ROAD, SUITE 2003		Amount of Each Disbursement this Period 236.38
City COLUMBIA	State SC Zip Code 29210	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I9279	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2016
Mailing Address PO BOX 4191		Amount of Each Disbursement this Period 107.98
City CAROL STREAM State IL Zip Code 60197-4191	Purpose of Disbursement CELL PHONE CHARGES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9292
State: District:		

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 401 WYTHE STREET SUITE 103		Amount of Each Disbursement this Period 1370.00
City ALEXANDRIA State VA Zip Code 22314-1927	Purpose of Disbursement SUBSCRIPTIONS 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9283
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 221.10
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement AIRFARE 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9293
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 23.54
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE <input type="checkbox"/> 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9276
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 147.00
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE <input type="checkbox"/> 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9280
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 196.00
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE <input type="checkbox"/> 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9282
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 162.11
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9273
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address AUGUSTA ROAD		Amount of Each Disbursement this Period 269.74
City WEST COLUMBIA State SC Zip Code 29169-4568	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9277
State: District:		

Full Name (Last, First, Middle Initial) C. WHIT-ASH FURNISHINGS		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 919 GERVAIS STREET		Amount of Each Disbursement this Period 1075.68
City COLUMBIA State SC Zip Code 29201	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9281
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. THE AIKEN LEADER LLC			Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 154 MAIN ST S PO BOX 566			Amount of Each Disbursement this Period 300.00	
City WAGENER	State SC	Zip Code 29164-8932	Memo Item <input type="checkbox"/>	
Purpose of Disbursement AD		Category/ Type 004		
Candidate Name			Transaction ID : SB17.I9172	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP			Date of Disbursement MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 3783.78	
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 003		
Candidate Name			Transaction ID : SB17.I9142	
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. THE TOWNSEND GROUP			Date of Disbursement MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 3000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 003		
Candidate Name			Transaction ID : SB17.I9146	
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).....	4083.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. YOUNG CHOW			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015	
Mailing Address 312 PENNSYLVANIA AVE SE			Amount of Each Disbursement this Period 743.25	
City WASHINGTON	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9145	
Purpose of Disbursement FOOD/BEVERAGE		003 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 3052.00	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9180	
Purpose of Disbursement FUNDRAISING CONSULTING		003 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 4941.88	
City ALEXANDRIA	State VA	Zip Code 22314	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9225	
Purpose of Disbursement FUNDRAISING (SEE MEMOS)		003 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	7993.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 341.51
City WASHINGTON	State DC	Zip Code 20003-1801
Purpose of Disbursement FOOD/BEVERAGE	<input type="checkbox"/> 001 <input checked="" type="checkbox"/> 003 Category/Type	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I9232	

Full Name (Last, First, Middle Initial) B. CAVA MEZZE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 527 8TH ST SE		Amount of Each Disbursement this Period 1282.45
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CATERING	<input type="checkbox"/> 001 <input checked="" type="checkbox"/> 003 Category/Type	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I9229	

Full Name (Last, First, Middle Initial) C. MENUS CATERING		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 5458 3RD ST NE		Amount of Each Disbursement this Period 292.97
City WASHINGTON	State DC	Zip Code 20011-6316
Purpose of Disbursement CATERING	<input type="checkbox"/> 001 <input checked="" type="checkbox"/> 003 Category/Type	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I9228	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 3000.00	
City ALEXANDRIA	State VA	Zip Code 22314	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I9233	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address PO BOX 70872			Amount of Each Disbursement this Period 415.39	
City CHARLOTTE	State NC	Zip Code 28272-0872	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9147	
Purpose of Disbursement UTILITIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. TIME WARNER CABLE			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address PO BOX 70872			Amount of Each Disbursement this Period 330.17	
City CHARLOTTE	State NC	Zip Code 28272-0872	<input type="checkbox"/> Memo Item Transaction ID : SB17.I9181	
Purpose of Disbursement UTILITIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	745.56
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 113 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 330.17
City CHARLOTTE State NC Zip Code 28272-0872	Purpose of Disbursement UTILITIES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9227
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 6200 ROLLING ROAD		Amount of Each Disbursement this Period 200.00
City SPRINGFIELD State VA Zip Code 22152-2301	Purpose of Disbursement PO BOX RENEWAL Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9226
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 27.35
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I9239
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	530.17
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 114 OF 114			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. WENTWORTH PRINTING CORPORATION			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address PO BOX 4660			Amount of Each Disbursement this Period 5385.96
City WEST COLUMBIA	State SC	Zip Code 29171-4660	<input type="checkbox"/> Memo Item
Purpose of Disbursement PRINTING		Category/ Type 003	Transaction ID : SB17.I9149
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. SOUTH CAROLINA REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address PO BOX 12373			Amount of Each Disbursement this Period 3480.00
City COLUMBIA	State SC	Zip Code 29211-2552	<input type="checkbox"/> Memo Item
Purpose of Disbursement FILING FEE		Category/ Type 001	Transaction ID : SB17.I9242
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

SUBTOTAL of Disbursements This Page (optional).....	8865.96
TOTAL This Period (last page this line number only).....	104833.05