

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Elisabeth Motsinger for Congress

ADDRESS (number and street) 1411 West First Street
P. O. Box 25121
 Check if different than previously reported. (ACC) Winston-Salem NC 27114-5121

2. **FEC IDENTIFICATION NUMBER** C C00508580 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) NC 05

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 05 / 08 / 2012 in the State of NC
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2012 through 04 / 18 / 2012

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

Type or Print Name of Treasurer John K Motsinger Sr
Signature of Treasurer John K Motsinger Sr [Electronically Filed] Date 08 / 31 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Elisabeth Motsinger for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3880.00	33782.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3880.00	33782.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6068.11	24405.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	129.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6068.11	24276.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7939.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Elisabeth Motsinger for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2550.00	20115.00
(ii) Unitemized.....	1330.00	13552.62
(iii) TOTAL of contributions from individuals ▶	3880.00	33667.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	115.35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3880.00	33782.97
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	2000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	129.62
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3880.00	35912.59

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6068.11	24405.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	2508.32	3566.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8576.43	27972.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12636.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3880.00
25. SUBTOTAL (add Line 23 and Line 24).....	16516.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8576.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7939.85

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

Form/Schedule: F3A

Transaction ID :

Amendment to agree with April 15, 2012, Quarterly Report last amended on June 29, 2012. This amends pre-primary election report to agree with reconciled cash on hand

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Joan F Celestino

Mailing Address 3400 York Rd

City Winston Salem State NC Zip Code 27104-1345

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

Name of Employer Winston-Salem/Forsyth County Schools Occupation Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : C8105776

Amount of Each Receipt this Period
 500.00

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

Mailing Address 440 Fax Welborn Rd

City State Road State NC Zip Code 28676-8713

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : C8184898

Amount of Each Receipt this Period
 500.00

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

Mailing Address 805 Buttonwood Dr

City Winston Salem State NC Zip Code 27104-1207

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

Name of Employer Wake Forest Baptist Health Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2012

Transaction ID : C8106037

Amount of Each Receipt this Period
 250.00

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 7 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Patricia W Toole

Mailing Address 1836 Virginia Rd

City State Zip Code
Winston Salem NC 27104-2316

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : C8106052

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gayle G Tuch

Mailing Address 7901 Fair Oaks Ct, PO Box 1006

City State Zip Code
Clemmons NC 27012-9155

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : C8328578

Amount of Each Receipt this Period
500.00

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

Mailing Address 5975 Glad Acres Rd

City State Zip Code
Pfafftown NC 27040-9203

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

Name of Employer wfubmc Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012

Transaction ID : C8184899

Amount of Each Receipt this Period
250.00

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 8 OF 19			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Kate Magruder Lambeth

Mailing Address 520 Jersey Ave.

City Winston-Salem State NC Zip Code 27101-1109

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

Name of Employer Inter_Section Gallery Occupation artist/gallery owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **04 / 13 / 2012**

Transaction ID : C8264766A

Amount of Each Receipt this Period **50.00**

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt **04 / 15 / 2012**

Transaction ID : C8264766AB

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

50.00

2550.00

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

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Bernardin's Restaurant			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 901 W 4th St			Amount of Each Disbursement this Period 39.25 Transaction ID : D387281
City Winston Salem	State NC	Zip Code 27101-2517	
Purpose of Disbursement dinner with john sears		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Burke Street Pizza			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 1140 Burke Street			Amount of Each Disbursement this Period 27.49 Transaction ID : D387287
City Winston Salem	State NC	Zip Code 27101	
Purpose of Disbursement food for volunteers		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Cloverdale Ace Hardware			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2287 Cloverdale Ave			Amount of Each Disbursement this Period 5.15 Transaction ID : D387265
City Winston Salem	State NC	Zip Code 27103-2301	
Purpose of Disbursement priority mail IRS filing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	71.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Costco Wholesale		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1085 Hanes Mall Blvd		Amount of Each Disbursement this Period 693.91 Transaction ID : D387269
City Winston Salem	State NC Zip Code 27103-1310	
Purpose of Disbursement ink for printer	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Duke Energy		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address PO Box 1090		Amount of Each Disbursement this Period 43.41 Transaction ID : D387270
City Charlotte	State NC Zip Code 28201-1090	
Purpose of Disbursement electric bill feb23-mar23	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Trent Merritt Harmon		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 4896 Hampton Rd.		Amount of Each Disbursement this Period 500.00 Transaction ID : D387288
City Clemmons	State NC Zip Code 27012-9421	
Purpose of Disbursement independent contractor payment	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	693.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Trent Merritt Harmon		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 4896 Hampton Rd.		Amount of Each Disbursement this Period 500.00 Transaction ID : D387289
City Clemmons	State NC	
Zip Code 27012-9421	Purpose of Disbursement independent contractor payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Home Real Estate Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 100 S Marshall St		Amount of Each Disbursement this Period 795.00 Transaction ID : D384733
City Winston Salem	State NC	
Zip Code 27101-2843	Purpose of Disbursement rent for april	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Carissa Joines		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 2724 Robinhood Rd		Amount of Each Disbursement this Period 1500.00 Transaction ID : D387292
City Winston Salem	State NC	
Zip Code 27106-5808	Purpose of Disbursement independent contractor payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2795.00
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 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 550.00 Transaction ID : D387272
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement NGP Financial Software payment Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1235 Silas Creek Pkwy		Amount of Each Disbursement this Period 119.79 Transaction ID : D387275
City Winston Salem State NC Zip Code 27127-5628	Purpose of Disbursement flyer printing Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 1235 Silas Creek Pkwy		Amount of Each Disbursement this Period 10.71 Transaction ID : D387266
City Winston Salem State NC Zip Code 27127-5628	Purpose of Disbursement copies for buttons Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	680.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 1235 Silas Creek Pkwy		Amount of Each Disbursement this Period 20.27
City Winston Salem	State NC	
Zip Code 27127-5628	Purpose of Disbursement message slips	Transaction ID : D387268
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Signs Now		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 246 Jonestown Rd.		Amount of Each Disbursement this Period 280.44
City Winston-Salem	State NC	
Zip Code 27104	Purpose of Disbursement bumper stickers	Transaction ID : D387264
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Computer Place		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 133 Jonestown Rd		Amount of Each Disbursement this Period 234.69
City Winston Salem	State NC	
Zip Code 27104-4616	Purpose of Disbursement computer purchase	Transaction ID : D387276
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	535.40
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 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 13840 Ballantyne Corporate Place		Amount of Each Disbursement this Period 226.40 Transaction ID : D387271
City Charlotte	State NC Zip Code 28277-1234	
Purpose of Disbursement internet and phone service 4/13 through 5/12	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wake Forest Baptist Health Mail Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address Medical Center Blvd		Amount of Each Disbursement this Period 5.15 Transaction ID : D387277
City Winston Salem	State NC Zip Code 27157-0001	
Purpose of Disbursement ethics report purchase	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wake Forest Baptist Health Mail Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address Medical Center Blvd		Amount of Each Disbursement this Period 5.90 Transaction ID : D387284
City Winston Salem	State NC Zip Code 27157-0001	
Purpose of Disbursement ethics report fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	237.45
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 15 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Whole Foods Market			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 41 Miller St			Amount of Each Disbursement this Period 4.69 Transaction ID : D387283
City Winston Salem	State NC	Zip Code 27104-4211	
Purpose of Disbursement toilet tissue for office		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Winston-Salem/Forsyth County City/County Utilities			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address PO Box 2756			Amount of Each Disbursement this Period 49.27 Transaction ID : D387286
City Winston Salem	State NC	Zip Code 27102-2756	
Purpose of Disbursement water/sewer/storm bill for march		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Perry Woods			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1005 Harp St			Amount of Each Disbursement this Period 1000.00 Transaction ID : D387290
City Raleigh	State NC	Zip Code 27604-1461	
Purpose of Disbursement consultant payment		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1053.96
TOTAL This Period (last page this line number only).....	6068.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.37 Transaction ID : D387094
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement service fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 4.95 Transaction ID : D387095
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement service fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. North Carolina Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 220 Hillsborough St		Amount of Each Disbursement this Period 2500.00 Transaction ID : D387291
City Raleigh	State NC	
Zip Code 27603-1724	Purpose of Disbursement VoteBuilder Software Access Payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2508.32
TOTAL This Period (last page this line number only).....	2508.32

SCHEDULE C (FEC Form 3)
LOANS

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

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

Mailing Address
 6548 Woodmere Dr
 City State ZIP Code
 Walkertown NC 27051-9426

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

TERMS
 Date Incurred: M 03 / D 13 / Y 2012
 Date Due: M / D / Y no due date
 Interest Rate: none % (apr)
 Secured: Yes No

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

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Elisabeth Motsinger for Congress

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

I. M. Anonymous

Nature of Debt (Purpose):

Disputed claim from alleged contractor

Mailing Address P. O. Box 25121

City State

Zip Code

Winston Salem

NC

27114-5121

Outstanding Balance Beginning This Period

2500.00

Transaction ID : D388694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

2500.00

2) **TOTALS** This Period (last page this line number only)

2500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

2000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

4500.00

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

Form/Schedule: SD10

Transaction ID : D388694

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

Form/Schedule:

Transaction ID: