

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

Price for Congress

ADDRESS (number and street)

P. O. Box 1986

Check if different than previously reported. (ACC)

Raleigh

NC

27602

2. **FEC IDENTIFICATION NUMBER**

C C00195628

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

04

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 / / in the State of

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Rose Auman

Signature of Treasurer Rose Auman

[Electronically Filed]

Date

/ /

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Price 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)).... | 0.00 | 335.00 |
| (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))..... | 0.00 | 335.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 27062.54 | 27727.24 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 27062.54 | 27727.24 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 216409.21 | |
| 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

Price 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)..... | 0.00 | 0.00 |
| (ii) Unitemized..... | 0.00 | 335.00 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 335.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 335.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 0.00 | 335.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 27062.54 | 27727.24 |
| 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 | 1000.00 | 2000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 28062.54 | 29727.24 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 244471.75 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 244471.75 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 28062.54 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 216409.21 |

**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 5 OF 11 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Price for Congress

| | | | | | | | | | | | | | |
|--|-------|--|-------|----------|---------|-----|-------|---|----|---------|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| A. ADP | | <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>26</td> <td></td> <td>2014</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 11 | | 26 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 11 | | 26 | | 2014 | | | | | | | | | |
| Mailing Address 4101 Doie Cope Road | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27613</td> </tr> </table> | | City | State | Zip Code | Raleigh | NC | 27613 | <table border="1"> <tr> <td>4799.09</td> </tr> </table> | | 4799.09 | | | |
| City | State | Zip Code | | | | | | | | | | | |
| Raleigh | NC | 27613 | | | | | | | | | | | |
| 4799.09 | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes | | Transaction ID : D482910 | | | | | | | | | | | |
| Candidate Name | | Category/Type 001 | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 | | | | | | | | | | | |
| State: District: | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|-------|--|-------|----------|---------|-----|-------|---|----|-------|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| B. ADP | | <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>12</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 12 | | 05 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 12 | | 05 | | 2014 | | | | | | | | | |
| Mailing Address 4101 Doie Cope Road | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27613</td> </tr> </table> | | City | State | Zip Code | Raleigh | NC | 27613 | <table border="1"> <tr> <td>88.00</td> </tr> </table> | | 88.00 | | | |
| City | State | Zip Code | | | | | | | | | | | |
| Raleigh | NC | 27613 | | | | | | | | | | | |
| 88.00 | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Processing | | Transaction ID : D484712 | | | | | | | | | | | |
| Candidate Name | | Category/Type 001 | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 | | | | | | | | | | | |
| State: District: | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|-------|--|-------|----------|------------|-----|-------|--|----|--------|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| C. AT&T | | <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>12</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 12 | | 08 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 12 | | 08 | | 2014 | | | | | | | | | |
| Mailing Address P.O. Box 85950 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Louisville</td> <td>KY</td> <td>40285</td> </tr> </table> | | City | State | Zip Code | Louisville | KY | 40285 | <table border="1"> <tr> <td>314.97</td> </tr> </table> | | 314.97 | | | |
| City | State | Zip Code | | | | | | | | | | | |
| Louisville | KY | 40285 | | | | | | | | | | | |
| 314.97 | | | | | | | | | | | | | |
| Purpose of Disbursement Office Phones | | Transaction ID : D484701 | | | | | | | | | | | |
| Candidate Name | | Category/Type 001 | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 | | | | | | | | | | | |
| State: District: | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5202.06 |
| 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 6 OF 11 | | | |
| | <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)
Price for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BTA Public Relations | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address P.O. Box 26615 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D484710 |
| City Raleigh | State NC Zip Code 27611 | |
| Purpose of Disbursement Office Rent | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. BTA Public Relations | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014 |
| Mailing Address P.O. Box 26615 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D482908 |
| City Raleigh | State NC Zip Code 27611 | |
| Purpose of Disbursement Office Rent | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Cumberland County Crown Center | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address 1960 Coliseum Drive | | Amount of Each Disbursement this Period 500.00 Transaction ID : D484711 |
| City Fayetteville | State NC Zip Code 28306 | |
| Purpose of Disbursement Event Catering | Category/Type 007 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2500.00 |
| 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 7 OF 11 | | | |
| | <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)
Price for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Custom Mail Solutions | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 |
| Mailing Address 616 St. Mary's Street | | Amount of Each Disbursement this Period 593.42 Transaction ID : D484704 |
| City Raleigh | State NC Zip Code 27605-1704 | |
| Purpose of Disbursement Mailing | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. David L. Andrukitis, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014 |
| Mailing Address 50 E St, SE | | Amount of Each Disbursement this Period 382.87 Transaction ID : D482893 |
| City Washington | State DC Zip Code 20003 | |
| Purpose of Disbursement Printing | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Fraioli & Associates | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014 |
| Mailing Address P. O. Box 75214 | | Amount of Each Disbursement this Period 2750.00 Transaction ID : D482906 |
| City Washington | State DC Zip Code 20013-5214 | |
| Purpose of Disbursement Fundraising Retainer | Category/Type 003 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3726.29 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 11 | | | |
| | <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)
Price for Congress

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Fraioli & Associates | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address P. O. Box 75214 | | | Amount of Each Disbursement this Period 2750.00 |
| City Washington | State DC | Zip Code 20013-5214 | Transaction ID : D484709 |
| Purpose of Disbursement Fundraising Retainer | | 003 Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Lasting Printing | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address P. O. Box 18361 | | | Amount of Each Disbursement this Period 998.11 |
| City Raleigh | State NC | Zip Code 27619 | Transaction ID : D484702 |
| Purpose of Disbursement Printing | | 006 Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) C. NC Democratic Party | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address 220 Hillsborough Street | | | Amount of Each Disbursement this Period 2500.00 |
| City Raleigh | State NC | Zip Code 27603 | Transaction ID : D484699 |
| Purpose of Disbursement Voter File | | 001 Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6248.11 |
| 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 9 OF 11 | | | |
| | <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)
Price for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postmaster | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 |
| Mailing Address 310 New Bern Avenue | | Amount of Each Disbursement this Period 1673.26 Transaction ID : D484698 |
| City Raleigh | State NC Zip Code 27611 | |
| Purpose of Disbursement Postage | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014 |
| Mailing Address One Verizon Way | | Amount of Each Disbursement this Period 175.91 Transaction ID : D484703 |
| City Basking Ridge | State NJ Zip Code 07920-1097 | |
| Purpose of Disbursement Mobile Phone | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014 |
| Mailing Address 4101 Doie Cope Road | | Amount of Each Disbursement this Period 6957.67 Transaction ID : D482909 |
| City Raleigh | State NC Zip Code 27613 | |
| 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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8806.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 11 | | | |
| | <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)
Price for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Joseph T. Polonsky | | Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014 |
| Mailing Address 1400 Seaton Road | | Amount of Each Disbursement this Period 2363.75 |
| City Durham | State NC | |
| Zip Code 27713 | | |
| Purpose of Disbursement Salary | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Anna Tilghman | | Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014 |
| Mailing Address 4122 Rockingham Dr | | Amount of Each Disbursement this Period 4593.92 |
| City Raleigh | State NC | |
| Zip Code 27609-5706 | | |
| Purpose of Disbursement Salary | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | |
| Purpose of Disbursement | | Category/Type |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | 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)..... | 26483.30 |

**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 11 | |
| | <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)
Price for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ron Barber for Congress | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 |
| Mailing Address PO Box 57715 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D498136 |
| City Tucson | State AZ | |
| Purpose of Disbursement Recount | | Category/ Type 011 |
| Candidate Name Ronald Barber | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: AZ | District: 02 | |

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

| | | |
|--|--|---|
| 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 | |
| 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)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 1000.00 |