

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

Pittenger For Congress LLC

ADDRESS (number and street) PO Box 11207

Check if different than previously reported. (ACC)

Charlotte NC 28220-1207

2. **FEC IDENTIFICATION NUMBER** ▼ C C00514513

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

NC 09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of NC

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

10 / 16 / 2014 through 11 / 24 / 2014

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

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer Caleb Crosby *[Electronically Filed]* Date M M / D D / Y Y Y Y

12 / 03 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Pittenger For Congress LLC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	41310.00	827063.30
(b) Total Contribution Refunds (from Line 20(d))	0.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	41310.00	824563.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22635.06	817096.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5885.93
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22635.06	811210.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	105349.67	
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).....	663000.00	

For further information contact:

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

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

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

Form/Schedule: F3N
Transaction ID :

1. Pittenger for Congress LLC received a transfer of net proceeds from the Pittenger Victory Fund on November 13, 2014. Due to an administrative error, an excessive donation was received from Michael Vadini. This receipt appears as a memo entry dated November 4, 2014 on the current report. As soon as the campaign discovered the error, \$2435.20 was transferred back to the Pittenger Victory Fund on November 24, 2014. This amount represents the net of \$2,600 minus the JFC expenses allocated to this contribution.
2. Per Carolinas Healthcare System Employees Federal PAC request, a \$5000 refund was issued to the PAC on 12/03/14.

Form/Schedule:
Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Pittenger For Congress LLC

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="6400.00"/>	<input type="text" value="318900.00"/>	<input type="text" value="5200.00"/>
(ii) Unitemized		
<input type="text" value="310.00"/>	<input type="text" value="10004.99"/>	<input type="text" value="110.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="6710.00"/>	<input type="text" value="328904.99"/>	<input type="text" value="5310.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="34600.00"/>	<input type="text" value="492156.80"/>	<input type="text" value="8500.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 61

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	6001.51	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
41310.00	827063.30	13810.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
22594.97	163247.22	22594.97
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	57500.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	57500.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	5885.93	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	79.03	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
63904.97	1053775.48	36404.97

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Pittenger For Congress LLC

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
22635.06	817096.91	16913.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
2435.20	3429.08	2435.20
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	24500.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	24500.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	2500.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 61

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	2500.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

9000.00	135038.25	6000.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

34070.26	982564.24	25348.32
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

41310.00	824563.30	13810.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

22635.06	811210.98	16913.12
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75514.96
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	63904.97
25. SUBTOTAL (add Line 23 and Line 24).....	139419.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34070.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	105349.67

**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 61
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mrs. Lisa R. Ryan

Mailing Address 10162 Foxhall Drive

City Charlotte State NC Zip Code 28210-7845

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : AF7B2CF4122CD41D9B48

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Larry Ross Palmer

Mailing Address 129 Hopkinton Dr

City Mooresville State NC Zip Code 28117-7349

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

Name of Employer Information Requested Occupation Information Requested
 RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A348A2DEE640C4C35B5D

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. T. P. Zimmermann

Mailing Address 16101 McAuley Rd

City Huntersville State NC Zip Code 28078-4672

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

Name of Employer Information Requested Occupation Information Requested
 RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A638514BF2F2540A1805

Amount of Each Receipt this Period
 200.00

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

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

950.00

**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 61
	<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)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mr. John W. Edwards

Mailing Address 145 Easton Drive

City Mooresville State NC Zip Code 28117-6012

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

Name of Employer Carolina Apartment Realty Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : AC71DA4BD463C4F1B919

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Christina Hunoval

Mailing Address 501 Minuet Lane Suite 104A

City Charlotte State NC Zip Code 28217-2710

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

Name of Employer Hunoval Law Occupation Member

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
 11 / 13 / 2014

Transaction ID : A2D8C444F47DE4FA6BDE

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. Mathias Hunoval

Mailing Address 501 Minuet Lane Suite 104A

City Charlotte State NC Zip Code 28217-2710

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

Name of Employer Hunoval Law Occupation Founder

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
 11 / 13 / 2014

Transaction ID : ACD81BE8373B34FC9BDB

Amount of Each Receipt this Period
2600.00

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

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

5450.00

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<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)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
The National Right to Work Committee PAC

Mailing Address 8001 Braddock Road
Ste 500

City Springfield State VA Zip Code 22151-2125

FEC ID number of contributing federal political committee. **C** C00395533

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A1E15B617AAFF4DEEADF

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
National Pro-Life Alliance PAC

Mailing Address 4521 Windsor Arms Court

City Annandale State VA Zip Code 22003-5751

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A7B74B95D2F874AB5A1D

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
National Association of Insurance and Financial Advisors PAC

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : A2A3C9C44000A49859A7

Amount of Each Receipt this Period
5000.00

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
	<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)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Branch Bank & Trust Company PAC

Mailing Address PO Box 1290

City State Zip Code
Winston Salem NC 27102-1290

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : AAC965CD1823647FE85D

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
National Association Of Realtors PAC

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A7A1D71D714C24F0BBCC

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists PAC

Mailing Address 1061 American Lane

City State Zip Code
Schaumburg IL 60173-4973

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : A4F0355B18FBA4007BDD

Amount of Each Receipt this Period
5000.00

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

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

9000.00

**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 61
	<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)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Experian North America, Inc PAC (Experian PAC)

Mailing Address 475 Anton Boulevard

City State Zip Code
Costa Mesa CA 92626-7037

FEC ID number of contributing federal political committee. **C C00379768**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : AB81770BA4C6D440489C

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Coastal Federal Credit Union PAC

Mailing Address 1000 Saint Albans Drive

City State Zip Code
Raleigh NC 27609-7347

FEC ID number of contributing federal political committee. **C C00342733**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : A953AA1C1984B44F7971

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Citigroup Inc. PAC - Federal (Citigroup PAC-Federal)

Mailing Address 1101 Pennsylvania Avenue NW
Suite 1000

City State Zip Code
Washington DC 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 05 / 2014

Transaction ID : A58B310D9FC954356A01

Amount of Each Receipt this Period
1500.00

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 13 OF 61
	<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)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Branch Bank & Trust Company PAC

Mailing Address **PO Box 1290**

City **Winston Salem** State **NC** Zip Code **27102-1290**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : AE909306E4D1648D48E9

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
The Grant Thornton LLP PAC LLC

Mailing Address **175 W Jackson Boulevard
Suite 200**

City **Chicago** State **IL** Zip Code **60604-3034**

FEC ID number of contributing federal political committee. **C C00408260**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5350.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : A3D50213EA58945CBA10

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
The Timken Company Good Government Fund

Mailing Address **1835 Dueber Avenue SW**

City **Canton** State **OH** Zip Code **44706-2728**

FEC ID number of contributing federal political committee. **C C00311308**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 12 / 2014

Transaction ID : AD8ED64D92EE84317AD5

Amount of Each Receipt this Period
1000.00

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

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

5500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 61

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Carolinas HealthCare System Employees Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 32861
 City State Zip Code
 Charlotte NC 28232-2861
 FEC ID number of contributing federal political committee. **C** C00423871
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 11000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : A643EACCB07CE4FBF9B3
 Amount of Each Receipt this Period
 2500.00
 See cover letter

B. McDonald's Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 McDonald's Drive
 City State Zip Code
 Oak Brook IL 60523-5500
 FEC ID number of contributing federal political committee. **C** C00063164
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : A9D52E68AE2AE41488F8
 Amount of Each Receipt this Period
 2000.00

C. Lockheed Martin Corp Employees' PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Crystal Drive Suite 100
 City State Zip Code
 Arlington VA 22202-3706
 FEC ID number of contributing federal political committee. **C** C00303024
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : AC7E58FC8C73A43D49C7
 Amount of Each Receipt this Period
 1000.00

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<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)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Lorillard Tobacco Company Public Affairs Committee

Mailing Address 714 Green Valley Road

City Greensboro State NC Zip Code 27408-7018

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : AA43039E28E134749B70

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Association of America PAC

Mailing Address 8700 West Bryn Mawr Avenue
Suite 1200S

City Chicago State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : AE553F58CA9FE4BB09F1

Amount of Each Receipt this Period
 1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

4000.00

34600.00

**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 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Pittenger Victory Fund

Mailing Address **PO Box 11207**

City **Charlotte** State **NC** Zip Code **28220-1207**

FEC ID number of contributing federal political committee. **C C00549477**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22594.97

Date of Receipt
 M M / D D / Y Y Y Y
11 / 13 / 2014

Transaction ID : A1C54A00DF76C49D6A4F

Amount of Each Receipt this Period
22594.97

Distribution of Net Proceeds -- See Attribution Below

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

Mailing Address **1618 Morehead Street**

City **Charlotte** State **NC** Zip Code **28207-1650**

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

Name of Employer Occupation
Daneick & Daneick DDS Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A46653895B1864C03BF7

Amount of Each Receipt this Period
250.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. David W. Burgher Sr.

Mailing Address **7431 Caruth Boulevard**

City **Dallas** State **TX** Zip Code **75225-4504**

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

Name of Employer Occupation
Baylor Health Care System Foundation Special Assistant to the President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A1C74B4C3D2524854867

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

22594.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Ms. Stella Thurston

Mailing Address 473 Hempstead Place

City	State	Zip Code
Charlotte	NC	28207-2315

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A893B2AF684F140CDBE2

Amount of Each Receipt this Period
 _____ 500.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence W. Raymond

Mailing Address 5740 Ballinard Lane

City	State	Zip Code
Charlotte	NC	28277-2546

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

Name of Employer	Occupation
Carolinas Health Care System	Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 605.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A39E2ADD1BEE94EC995E

Amount of Each Receipt this Period
 _____ 222.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PK Associates LLC

Mailing Address 7575 Pelican Bay Blvd, Ste 1403

City	State	Zip Code
Naples	FL	34108-5539

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A2EFF8C8B1E484049A9F

Amount of Each Receipt this Period
 _____ 500.00

Transfer Itemization Memo/Partner attribution - Peter Klein - \$500
[MEMO ITEM]

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

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

_____ 0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Dr. John A. Young

Mailing Address 227 Colville Road

City State Zip Code
Charlotte NC 28207-1909

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

Name of Employer Occupation
Self Employed Ophthalmologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : AFDB4146007A04B86A8C

Amount of Each Receipt this Period
100.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. James M. Kilts

Mailing Address 96 Conyers Farm Drive

City State Zip Code
Greenwich CT 06831-2735

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

Name of Employer Occupation
Centerview Capital Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A79D6CE0FCC9F4634B52

Amount of Each Receipt this Period
100.00

Transfer Itemization Memo
[MEMO ITEM]

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

Mailing Address 7575 Pelican Bay Blvd, Ste 1403

City State Zip Code
Naples FL 34108-5539

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

Name of Employer Occupation
PK Associates LLC Management Consulting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A03D03FCF795F4AD08F2

Amount of Each Receipt this Period
500.00

Partner Attribution - PK Associates LLC - Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Dr. Richard L. Wing

Mailing Address 2120 Foxcroft Woods Lane

City	State	Zip Code
Charlotte	NC	28211-2663

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

Name of Employer	Occupation
Reproductive Endocrine Assoc.	Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : A9B51E8A604764FF3B95

Amount of Each Receipt this Period
 _____ 500.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
David Scott Black

Mailing Address 14846 Resolves Ln

City	State	Zip Code
Charlotte	NC	28277-3029

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

Name of Employer	Occupation
Babcock & Wilcox	Chief Accounting Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : A520C2FB9635040ED813

Amount of Each Receipt this Period
 _____ 500.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. James E. Lewis

Mailing Address 155 Gascoigne Bluff Rd

City	State	Zip Code
Bluffton	SC	29910-6800

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : A2DF73055B2384326B06

Amount of Each Receipt this Period
 _____ 1000.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

_____ 0.00

**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 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mr. David P. Riggins

Mailing Address 1125 E Morehead Street
Suite 107

City Charlotte State NC Zip Code 28204-2849

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

Name of Employer D.P. Riggins & Assoc, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : A8806B5D662274CB79D0

Amount of Each Receipt this Period
100.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Graeme Keith Sr.

Mailing Address 2310 Richardson Drive
Suite 200

City Charlotte State NC Zip Code 28211-3349

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

Name of Employer The Keith Corporation Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : A782ED9F8619F4EADA9E

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ms. Christa A. Frazier

Mailing Address 3800 Terrebonne Court

City Charlotte State NC Zip Code 28210-6912

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : A9624A079214D419D821

Amount of Each Receipt this Period
100.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mr. John K Green

Mailing Address 435 S Tryon Street
Unit 800

City Charlotte State NC Zip Code 28202

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

Name of Employer Self-employed Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A3A38514B6AEF4113BC0

Amount of Each Receipt this Period
250.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dr. John W. Black

Mailing Address 19825 River Falls Drive

City Davidson State NC Zip Code 28036-8869

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

Name of Employer Mecklenburg Radiology Assoc Occupation Radiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A63BBC1FBD6464F9FAEA

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dr. Joe H Camp

Mailing Address 718 Hungerford Pl

City Charlotte State NC Zip Code 28207-2300

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

Name of Employer Dr. Joe Camp Occupation Endodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A9A71B183AD81402A9B0

Amount of Each Receipt this Period
250.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

**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 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mr. Jay W. Faison

Mailing Address 2120 Stonebridge Lane

City State Zip Code
Charlotte NC 28211-1718

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

Name of Employer Occupation
ClearPath Foundation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A99496EE287804C84BEC

Amount of Each Receipt this Period
2600.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Ernest Ellison Jr.

Mailing Address 6720 Churchill Park Court

City State Zip Code
Charlotte NC 28210-3480

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : AE2A01D0C71E5483BB92

Amount of Each Receipt this Period
100.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Steven D. Bell

Mailing Address 300 N Greene Street
Suite 1000

City State Zip Code
Greensboro NC 27401-2173

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

Name of Employer Occupation
Bell Partners Chairman CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : A8B40B81437C74826AFD

Amount of Each Receipt this Period
200.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

**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 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mrs. Claudia W. Belk

Mailing Address 2801 W Tyvola Road

City Charlotte State NC Zip Code 28217-4525

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : AEC159F20CF024102B84

Amount of Each Receipt this Period
1000.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Bret D. Chapman

Mailing Address 18501 Peninsula Club Drive

City Cornelius State NC Zip Code 28031

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

Name of Employer Thermaltek, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A81651FB861A7466E825

Amount of Each Receipt this Period
250.00

Transfer Itemization Memo
[MEMO ITEM]

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

Mailing Address 27471 Harbor Cove Ct

City Bonita Springs State FL Zip Code 34134-1620

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

Name of Employer Pfizer Occupation Chairman Emeritus

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : A4E8545E3B6704565947

Amount of Each Receipt this Period
2500.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Margaret Morgan

Mailing Address 17031 Belle Isle Dr

City State Zip Code
Cornelius NC 28031-7716

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A00868BCBE6BD469C85C

Amount of Each Receipt this Period

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Robert C. Hord Jr.

Mailing Address 1065 East Morehead Street

City State Zip Code
Charlotte NC 28204-2812

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Johnston Allison & Hord, P.A. ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A4C6D8193153C45FFAD5

Amount of Each Receipt this Period

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Charles T. Greer

Mailing Address 227 W Trade Street
Suite 1100

City State Zip Code
Charlotte NC 28202-1694

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Greer & Walker, LLP CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A08237A91231D4BD087F

Amount of Each Receipt this Period

Transfer Itemization Memo
[MEMO ITEM]

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mr. John Andrews

Mailing Address 950 Cherokee Road
Unit 950

City Charlotte State NC Zip Code 28207-2242

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : A6C3B1254A465441EA3D

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Michael A Vadini

Mailing Address 2105 Water Ridge Parkway
Suite 500

City Charlotte State NC Zip Code 28217-4562

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

Name of Employer Titan Technology Partners Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : A9F0D25197F74464CA4A

Amount of Each Receipt this Period
2600.00

Transfer Itemization Memo - Excess Distribution Refunded to JFC on 11/24/14
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Chapman

Mailing Address 3600 Cypress Club Drive
Apt. B109

City Charlotte State NC Zip Code 28210-2475

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : AB129B7A68E214134ACA

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Dr. Paul D. Ryskewich		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 3234 Leamington Lane		Transaction ID : ACEEC2E7F601E4038B29	
City Charlotte	State NC	Zip Code 28226-6656	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Transfer Itemization Memo [MEMO ITEM]	
Name of Employer Presbyterian Anesthesia Asoc	Occupation MD		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Steven R. Plunkett		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 3751 Sedgewood Circle		Transaction ID : A8CEDC8535AC74FBDB5F	
City Charlotte	State NC	Zip Code 28211-1323	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Transfer Itemization Memo [MEMO ITEM]	
Name of Employer Matthews Radiation Oncology	Occupation Medical Doctor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. Ms. Dale F. Halton		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 1530 Queens Road PH1		Transaction ID : A739180A15D6846E1AAA	
City Charlotte	State NC	Zip Code 28207-2685	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Transfer Itemization Memo [MEMO ITEM]	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4750.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Naomi K. McCracken

Mailing Address 197 Milford Circle

City: Mooresville State: NC Zip Code: 28117-7011

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2850.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : **A086B1ECFC6824044864**

Amount of Each Receipt this Period: 250.00

Transfer Itemization Memo

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. George A. Moretz

Mailing Address 1779 8th Street Drive NW

City: Hickory State: NC Zip Code: 28601-2371

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

Name of Employer: Carolina Mills, Inc. Occupation: CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : **A64D6EF0CA0A84B35B37**

Amount of Each Receipt this Period: 250.00

Transfer Itemization Memo

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Elton L Shoemaker

Mailing Address 5005 Sunningdale Court

City: Charlotte State: NC Zip Code: 28226-7937

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 950.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : **A973599B0E0924417B59**

Amount of Each Receipt this Period: 200.00

Transfer Itemization Memo

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Fred Stubblefield, Jr.

Mailing Address 411 Edgemere Way N

City Naples	State FL	Zip Code 34105-7149
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FEC ID number of contributing federal political committee. **C**

Name of Employer Before Sundown LLC	Occupation Managing Director
--	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : AF930C87A14CA42359E6

Amount of Each Receipt this Period
1000.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Paul F. Haddock III

Mailing Address 102 Middleton Drive

City Charlotte	State NC	Zip Code 28207-2258
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fairclough & Co.	Occupation President
--------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : A7D2030846DFF4B88999

Amount of Each Receipt this Period
100.00

Transfer Itemization Memo
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Tom P. Phillips

Mailing Address 1116 Morningside Drive

City Charlotte	State NC	Zip Code 28205-5302
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : ADD72396273AE408699D

Amount of Each Receipt this Period
1000.00

Transfer Itemization Memo
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

A. Full Name (Last, First, Middle Initial)
Mr. Ray W. Edwards

Mailing Address 4137 Coachmans Court

City State Zip Code
High Point NC 27262-5019

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : AEC990D26A2D74065A4B

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dr. Mark R Pustaver

Mailing Address 8101 Silver Maple Lane

City State Zip Code
Mint Hill NC 28227

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

Name of Employer Occupation
Pustaver Chiropractic Care Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : AC2C0F443321D4E48980

Amount of Each Receipt this Period
500.00

Transfer Itemization Memo
[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

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

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

0.00

22594.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 61			
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. FSP Park Seneca		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1515 Mockingbird Lane Suite 100		Amount of Each Disbursement this Period 900.00 Transaction ID : B6DF408F7860644AC809
City Charlotte	State NC	
Zip Code 28209-3249	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1 Adp Drive Stop 600		Amount of Each Disbursement this Period 58.30 Transaction ID : BB2DABDB2C5204272875
City Augusta	State GA	
Zip Code 30909-9373	Purpose of Disbursement Payroll Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Quo Vadis, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 13733 Tynecastle Lane		Amount of Each Disbursement this Period 873.60 Transaction ID : B89B52FB883D3422FB12
City Matthews	State NC	
Zip Code 28105-4000	Purpose of Disbursement IT Support Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1831.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 61	
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Anedot, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 85431		Amount of Each Disbursement this Period 14.25 Transaction ID : B473574A6B7D54F55B62
City Baton Rouge State LA Zip Code 70884-5431	Purpose of Disbursement Contribution Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1 Adp Drive Stop 600		Amount of Each Disbursement this Period 58.30 Transaction ID : B0ACE3AE6FCBA401E8ED
City Augusta State GA Zip Code 30909-9373	Purpose of Disbursement Payroll Processing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NC Department Of Revenue		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 25000		Amount of Each Disbursement this Period 67.54 Transaction ID : B43CC52F31B6E422392E
City Raleigh State NC Zip Code 27640-0100	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	140.09
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 32 OF 61	
	<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)
Pittenger For Congress LLC

A. Department of the Treasury

Full Name (Last, First, Middle Initial)
Mailing Address Internal Revenue Service

City Cincinnati State OH Zip Code 45999-0001

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 274.43

Transaction ID : B3CE50BEA35864B1F9E6

B. James VanOrsdel

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 11207

City Charlotte State NC Zip Code 28220-1207

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 768.21

Transaction ID : B98218DF1725B4AF68C1

c. Epiphany Productions Inc

Full Name (Last, First, Middle Initial)
Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement Fundraising Consulting Svcs.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 3345.17

Transaction ID : B07DF1F9027664769B9A

SUBTOTAL of Disbursements This Page (optional) 4387.81

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 61			
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. CFC Consulting Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3724 Dunbarton Drive		Amount of Each Disbursement this Period 3066.83 Transaction ID : B2290E4F0767749438AA
City Mountain Brk	State AL Zip Code 35223-2706	
Purpose of Disbursement Bookkeeping / Compliance	Category/Type	
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. Kevin Wilkinson		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address P.O. Box 11207		Amount of Each Disbursement this Period 2876.66 Transaction ID : BAC82C3DD44FA42FFBBF
City Charlotte	State NC Zip Code 28220-1207	
Purpose of Disbursement Fundraising Consulting Svcs.	Category/Type	
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. Aneidot, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO Box 85431		Amount of Each Disbursement this Period 203.40 Transaction ID : B41A00692EF9E4F6E872
City Baton Rouge	State LA Zip Code 70884-5431	
Purpose of Disbursement Contribution Processing Fees	Category/Type	
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).....	6146.89
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 34 OF 61	
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. James VanOrsdel		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. Box 11207		Amount of Each Disbursement this Period 717.09 Transaction ID : B0B3DEF86BA854097B72
City Charlotte	State NC	
Zip Code 28220-1207	Purpose of Disbursement Salary	Category/ Type
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. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 249.13 Transaction ID : B2FD8DE87BB2C4633A3A
City Cincinnati	State OH	
Zip Code 45999-0001	Purpose of Disbursement Payroll Taxes	Category/ Type
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. Artech Graphics, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 8324 Fairview Road		Amount of Each Disbursement this Period 4876.68 Transaction ID : BE9104A285B0543738AB
City Mint Hill	State NC	
Zip Code 28227-7622	Purpose of Disbursement Printing	Category/ Type
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).....	5842.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 61			
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. FSP Park Seneca		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1515 Mockingbird Lane Suite 100		Amount of Each Disbursement this Period 900.00 Transaction ID : B651BA87C50F04729A22
City Charlotte	State NC	
Zip Code 28209-3249	Purpose of Disbursement Rent	Category/ Type
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 11 / 24 / 2014
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 230.00 Transaction ID : B8511B12EED074755806
City Atlanta	State GA	
Zip Code 30348-5378	Purpose of Disbursement Cell Phones	Category/ Type
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. Citibank, N.A.		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO Box 183173		Amount of Each Disbursement this Period 2707.31 Transaction ID : BF68EC0D1B46A4D2AA64
City Columbus	State OH	
Zip Code 43218-3173	Purpose of Disbursement Credit Card Payment - See Memo Entries	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3837.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 61	
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Quill Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 100 Schelter Road		Amount of Each Disbursement this Period 105.10 Transaction ID : BDEC7A815A10E4CE0814
City Lincolnshire State IL Zip Code 60069-3602	Purpose of Disbursement Credit Card Memo - Office Supplies	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3215 Queen City Drive		Amount of Each Disbursement this Period 50.01 Transaction ID : B96DE8C24EB994FEEB67
City Charlotte State NC Zip Code 28208-2730	Purpose of Disbursement Credit Card Memo - Fuel	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Marathon Petroleum		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 8035 Mt Holly Road		Amount of Each Disbursement this Period 61.76 Transaction ID : B6BFCE4ADB0A648B48A2
City Charlotte State NC Zip Code 28214-8330	Purpose of Disbursement Credit Card Memo - Fuel	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 37 OF 61			
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3215 Queen City Drive		Amount of Each Disbursement this Period 55.00
City Charlotte	State NC	
Zip Code 28208-2730	Purpose of Disbursement Credit Card Memo - Fuel	Transaction ID : B714F9B9E7A704B45995
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO Box 70872		Amount of Each Disbursement this Period 603.33
City Charlotte	State NC	
Zip Code 28272-0872	Purpose of Disbursement Credit Card Memo - Internet & Cable	Transaction ID : B4193BC102BF341FB862
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3215 Queen City Drive		Amount of Each Disbursement this Period 65.02
City Charlotte	State NC	
Zip Code 28208-2730	Purpose of Disbursement Credit Card Memo - Fuel	Transaction ID : B404882706A7E4D1A884
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 61			
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. The Buttercup		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 343 Providence Road		Amount of Each Disbursement this Period 148.16
City Charlotte	State NC	
Zip Code 28207-1419	Purpose of Disbursement Credit Card Memo - Printing	Transaction ID : B2907C70A65864102BC1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 111 W Rio Salado Parkway		Amount of Each Disbursement this Period 439.70
City Tempe	State AZ	
Zip Code 85281-2880	Purpose of Disbursement Credit Card Memo - Airfare	Transaction ID : B3318B9E7B3214FE2898
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 201 N Mcdowell Street		Amount of Each Disbursement this Period 688.29
City Charlotte	State NC	
Zip Code 28204-2212	Purpose of Disbursement Credit Card Memo - Postage	Transaction ID : B45436783DBEC4489A29
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 61	
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 410 Terry Avenue North		Amount of Each Disbursement this Period 312.58
City Seattle	State WA	
Zip Code 98109-5210	Purpose of Disbursement Credit Card Memo - Office Supplies	Transaction ID : B77D14211ED404EA8A26
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3215 Queen City Drive		Amount of Each Disbursement this Period 66.00
City Charlotte	State NC	
Zip Code 28208-2730	Purpose of Disbursement Credit Card Memo - Fuel	Transaction ID : B6BF7DA2EF12F4490A7F
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	22186.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 61	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Pittenger Victory Fund		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address PO Box 11207		Amount of Each Disbursement this Period 2435.20
City Charlotte	State NC	
Zip Code 28220-1207	Purpose of Disbursement Transfer: Contribution Refund - see cover letter re: Michael Vadini's 11/04/14 receipt	Transaction ID : B13D8656C6A314FC1818
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	2435.20
TOTAL This Period (last page this line number only).....	2435.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61			
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Carlos Curbelo Congress		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 8770 Sunset Drive #355		Amount of Each Disbursement this Period 2000.00 Transaction ID : B6529F501A588480CBDB
City Miami State FL Zip Code 33173-3512	Purpose of Disbursement Contribution	
Candidate Name Carlos Curbelo	Category/Type	
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: FL District: 26		

Full Name (Last, First, Middle Initial) B. Bruce Poliquin for Congress		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address P.O. Box 50		Amount of Each Disbursement this Period 2000.00 Transaction ID : B2BD8523611054CD18FC
City Oakland State ME Zip Code 04963-0050	Purpose of Disbursement Contribution	
Candidate Name Bruce Poliquin	Category/Type	
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: ME District: 02		

Full Name (Last, First, Middle Initial) c. Westrom for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 717 Princess Street, 1st Floor		Amount of Each Disbursement this Period 2000.00 Transaction ID : B6A47811855154ADF984
City Alexandria State VA Zip Code 22314-2221	Purpose of Disbursement Contribution	
Candidate Name Torrey N. Westrom	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 07		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 42 OF 61	
	<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)
Pittenger For Congress LLC

Full Name (Last, First, Middle Initial) A. Mike Bost for Congress Committee		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 217 Third Street SE		Amount of Each Disbursement this Period 2000.00 Transaction ID : BA3B94663BF41496AB4B
City Washington State DC Zip Code 20003-1904	Purpose of Disbursement Contribution	
Candidate Name Mike Bost	Category/Type	
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: IL District: 12		

Full Name (Last, First, Middle Initial) B. Kappa Alpha Order - Epsilon Xi		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address P.O. Box 670		Amount of Each Disbursement this Period 1000.00 Transaction ID : B5393B64B913F4D309FA
City Newell State NC Zip Code 28126-0670	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 Contribution	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).....	3000.00
TOTAL This Period (last page this line number only).....	9000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C511945C2190D415FAE4**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y 2012 M^M / D^D / Y^Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 2500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CA033E0F051C54E92833**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	19000.00	231000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 01 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	231000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CFC933E50F75E45C9942**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 03 / D 01 / Y 2013 M M / D D / Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 15000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C71D35166ED4341A19AE

Pittenger For Congress LLC

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

[PERSONAL FUNDS]

Election: 2012

Hon. Robert M. Pittenger

Primary

General

Other (specify) ▼

Mailing Address

7330 Baltusrol Lane

City

State

ZIP Code

Charlotte

NC

28210-4922

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 17 / 2012

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (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)..... ▶

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CBB9BFA54D17A4AE9B72**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 15 / Y 2013 Y	M / D / Y None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	5000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0D0E602768234D80AE6

Pittenger For Congress LLC

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

[PERSONAL FUNDS]

Election: 2012

Hon. Robert M. Pittenger

Primary

General

Other (specify) ▼

Mailing Address

7330 Baltusrol Lane

City

State

ZIP Code

Charlotte

NC

28210-4922

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

75000.00

0.00

75000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 / 28 / 2012

M M / D D / Y Y Y Y
None

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

75000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C7580C68EAD0F4D4C8F6**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CD2E1474E61FD421F986**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 01 / D 10 / Y 2013 M M / D D / Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 1500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CAD7F7C6D09B146D5AE4**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS

Date Incurred M 03 / D 01 / Y 2013	Date Due M M / D D / Y None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	[] 6000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD23B38CE11984831A05

Pittenger For Congress LLC

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

[PERSONAL FUNDS]

Election: 2012

Hon. Robert M. Pittenger

Primary

General

Other (specify) ▼

Mailing Address

7330 Baltusrol Lane

City

State

ZIP Code

Charlotte

NC

28210-4922

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 24 / 2012

M M / D D / Y Y Y Y
None

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C01557A28CD7A41D0A54**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y 2012 M^M / D^D / Y^Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 2500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C7BBDB572691C4AE882A**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C00A4690C397E4590ACF**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y 2012 M^M / D^D / Y^Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 3500.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CD79C887C9A2143E59EB**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan 12500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12500.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 M 01 / D 14 / Y 2013 M M / D D / Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 12500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C5930CF86F0E74796B21**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Hon. Robert M. Pittenger
 Primary
 General
 Other (specify) **▼**
 Congress Runoff2012

Mailing Address
 7330 Baltusrol Lane
 City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS
 Date Incurred: M 07 / D 12 / Y 2012
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (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)..... ▶ 15000.00
TOTALS This Period (last page in this line only)..... ▶ []

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

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

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C848D7B2835BD4ABE86A**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hon. Robert M. Pittenger	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Congress Runoff2012
Mailing Address 7330 Baltusrol Lane		

City	State	ZIP Code
Charlotte	NC	28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	5500.00	9500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 05 / Y 2012	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="9500.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C92B0ECB7149F444C94E**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Hon. Robert M. Pittenger Primary
 Mailing Address 7330 Baltusrol Lane General
 Other (specify) ▼

City State ZIP Code
 Charlotte NC 28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y None 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **C6EFCBA99E4F44D47A44**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hon. Robert M. Pittenger	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Congress Runoff2012
Mailing Address 7330 Baltusrol Lane		

City	State	ZIP Code
Charlotte	NC	28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 07 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	200000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Pittenger For Congress LLC** Transaction ID : **CCC6FDEA0B2944C9B886**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hon. Robert M. Pittenger	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7330 Baltusrol Lane		

City	State	ZIP Code
Charlotte	NC	28210-4922

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 13 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	663000.00

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