

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Price for Congress

ADDRESS (number and street) ▼

P. O. Box 1986

Check if different than previously reported. (ACC)

Raleigh

NC

27602

2. **FEC IDENTIFICATION NUMBER** ▼

C C00195628

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NC

04

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Rose Auman

Signature of Treasurer Rose Auman

*[Electronically Filed]*

Date

/  /

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Price for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16000.00	16335.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16000.00	16335.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	50586.43	78313.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	1304.75	1304.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49281.68	77008.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	161127.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Price for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4000.00	4000.00
(ii) Unitemized.....	0.00	335.00
(iii) TOTAL of contributions from individuals ▶	4000.00	4335.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	12000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16000.00	16335.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	1304.75	1304.75
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17304.75	17639.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50586.43	78313.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	22000.00	24000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	72586.43	102313.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	216409.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17304.75
25. SUBTOTAL (add Line 23 and Line 24).....	233713.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72586.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	161127.53

**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 5 OF 35
	<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)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven M. Champlin**

Mailing Address 4800 Dexter Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer The Duberstein Group, Inc. Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : C9762601**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**James E. Hall**

Mailing Address 12 Highdown Ct.

City Signal Mountain State TN Zip Code 37377

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

Name of Employer Hall & Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : C9762587**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**David O'Brien**

Mailing Address 203 C St. SE

City Washington State DC Zip Code 20003

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

Name of Employer O'Brien, Gentry & Scott Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : C9762602**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shannon L. Scott-Paul**

Mailing Address 628 25th Street S

City State Zip Code  
Arlington VA 22202-2530

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

Name of Employer Occupation  
O'Brien and Associates Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : C9762603**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<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)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Association of Nurse Anesthetists**

Mailing Address 25 Massachusetts Avenue, NW, Suite

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : C9762593**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC**

Mailing Address P.O. Box 961039 Suite 220

City Fort Worth State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C9762590**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**General Dynamics Voluntary PAC**

Mailing Address 3190 Fairview Park Dr Ste 500

City Falls Church State VA Zip Code 22042-4549

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : C9762595**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<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)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Goodyear Good Government Fund**

Mailing Address 200 Innovation Way

City Akron State OH Zip Code 44316-0001

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C9762588**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HARRIS CORPORATION-FEDERAL POLITICAL ACTION COMMIT**

Mailing Address 1025 W NASA BLVD

City MELBOURNE State FL Zip Code 32919

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C9762600**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**L-3 COMMUNICATIONS CORPORATION PAC**

Mailing Address 600 Third Avenue

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : C9762597**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<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)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**L-3 COMMUNICATIONS CORPORATION PAC**

Mailing Address 600 Third Avenue

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C9762604**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1150 17th Street, NW, Suite 701

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : C9762605**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**OSI PAC**

Mailing Address 1901325 S. Bell Street

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00414896

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : C9762585**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<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)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REI PAC**

Mailing Address 1150 18TH ST., NW, #600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : C9762586**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Transport Workers Union PAC**

Mailing Address 80 West End Avenue

City New York State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C9762589**

Amount of Each Receipt this Period  
 1000.00

**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).....

2000.00

12000.00

**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 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cumberland County Democratic Party**

Mailing Address PO Box 2501

City Fayetteville State NC Zip Code 28302

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
304.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C9762606**

Amount of Each Receipt this Period  
304.75

**B.** Full Name (Last, First, Middle Initial)  
**Ron Barber for Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

FEC ID number of contributing federal political committee. **C** C00512129

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C9762583**

Amount of Each Receipt this Period  
1000.00

**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).....

1304.75

1304.75

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

Form/Schedule: SA14

Transaction ID : C9762583

Voided uncashed check # 3439. Check was lost in USPS. Original payment made 12/4/2014.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 88.00
City Raleigh	State NC Zip Code 27613	
Purpose of Disbursement Payroll Processing	Category/Type 001	<b>Transaction ID : D502354</b>
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>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 389.28
City Raleigh	State NC Zip Code 27613	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : D502355</b>
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>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 100.30
City Raleigh	State NC Zip Code 27613	
Purpose of Disbursement Payroll Processing	Category/Type 001	<b>Transaction ID : D502356</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	577.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 3838.65
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D502360</b>
Candidate Name	001 Category/Type	
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>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 88.00
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Processing	<b>Transaction ID : D502361</b>
Candidate Name	001 Category/Type	
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>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 61.10
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Processing	<b>Transaction ID : D502362</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3987.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 4416.21
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D502364</b>
Candidate Name	001 Category/ Type	
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>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 88.00
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Processing	<b>Transaction ID : D502365</b>
Candidate Name	001 Category/ Type	
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>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 294.22
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D502366</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4798.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 4113.99
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D502358</b>
Candidate Name	001 Category/Type	
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>B. AT&amp;T UVerse</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address PO Box 105262		Amount of Each Disbursement this Period 45.00
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement ISP	<b>Transaction ID : D502371</b>
Candidate Name	001 Category/Type	
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>C. AT&amp;T UVerse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO Box 105262		Amount of Each Disbursement this Period 52.00
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement ISP	<b>Transaction ID : D502372</b>
Candidate Name	001 Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4210.99
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T UVerse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address PO Box 105262		Amount of Each Disbursement this Period 57.84 <b>Transaction ID : D502373</b>
City Atlanta State GA Zip Code 30348-5262	Purpose of Disbursement ISP 001 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>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address P.O. Box 85950		Amount of Each Disbursement this Period 314.97 <b>Transaction ID : D502323</b>
City Louisville State KY Zip Code 40285	Purpose of Disbursement Office Phones 001 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>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address P.O. Box 85950		Amount of Each Disbursement this Period 315.16 <b>Transaction ID : D502324</b>
City Louisville State KY Zip Code 40285	Purpose of Disbursement Office Phones 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	687.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

**A. AT&T**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 85950

City Louisville State KY Zip Code 40285

Purpose of Disbursement Office Phones  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 09 / 2015

Amount of Each Disbursement this Period  
315.70

Transaction ID : D502325

Category/Type: 001

**B. BTA Public Relations**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 26615

City Raleigh State NC Zip Code 27611

Purpose of Disbursement Office Rent  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 30 / 2015

Amount of Each Disbursement this Period  
1000.00

Transaction ID : D502349

Category/Type: 001

**C. BTA Public Relations**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 26615

City Raleigh State NC Zip Code 27611

Purpose of Disbursement Office Rent  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 27 / 2015

Amount of Each Disbursement this Period  
1000.00

Transaction ID : D502350

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 2315.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. BTA Public Relations</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address P.O. Box 26615		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D502351</b>
City Raleigh	State NC	
Zip Code 27611	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Convergence Targeted Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1730 Rhode Island Ave NW		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D502374</b>
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Print Ad Design	Category/ Type 004
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>c. Fay Cumberland Ministerial Council</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. Box 40802		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D502352</b>
City Fayetteville	State NC	
Zip Code 28304	Purpose of Disbursement Event Tickets	Category/ Type 012
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fay Cumberland Ministerial Council</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. Box 40802		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D502353</b>
City Fayetteville	State NC	
Zip Code 28304	Purpose of Disbursement Ad in Souvenir Booklet	Category/ Type 012
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>B. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1307 Walt Whitman Road		Amount of Each Disbursement this Period 27.00 <b>Transaction ID : D502337</b>
City Melville	State NY	
Zip Code 11747	Purpose of Disbursement credit card processing fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1307 Walt Whitman Road		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : D502338</b>
City Melville	State NY	
Zip Code 11747	Purpose of Disbursement credit card processing fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	546.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Data Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1307 Walt Whitman Road			Amount of Each Disbursement this Period 6.28 <b>Transaction ID : D502339</b>
City Melville	State NY	Zip Code 11747	
Purpose of Disbursement credit card processing fees		Candidate Name	Category/ Type 001
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>B. First Data Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1307 Walt Whitman Road			Amount of Each Disbursement this Period 25.00 <b>Transaction ID : D502340</b>
City Melville	State NY	Zip Code 11747	
Purpose of Disbursement credit card processing fees		Candidate Name	Category/ Type 001
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>C. First Data Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1307 Walt Whitman Road			Amount of Each Disbursement this Period 19.95 <b>Transaction ID : D502341</b>
City Melville	State NY	Zip Code 11747	
Purpose of Disbursement credit card processing fees		Candidate Name	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	51.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1307 Walt Whitman Road		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : D502342</b>
City Melville State NY Zip Code 11747	Purpose of Disbursement credit card processing fees Candidate Name Category/Type 001	
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>B. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1307 Walt Whitman Road		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : D502343</b>
City Melville State NY Zip Code 11747	Purpose of Disbursement credit card processing fees Candidate Name Category/Type 001	
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>C. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address P. O. Box 75214		Amount of Each Disbursement this Period 2772.47 <b>Transaction ID : D502347</b>
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Fundraising Retainer Candidate Name Category/Type 003	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2817.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fraioli &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address P. O. Box 75214		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : D502348</b>
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Fundraising Retainer Candidate Name Category/Type 003	
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>B. McLaurin Parking</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2015
Mailing Address PO Box 781		Amount of Each Disbursement this Period 142.00 <b>Transaction ID : D502317</b>
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Parking Candidate Name Category/Type 001	
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>C. McLaurin Parking</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address PO Box 781		Amount of Each Disbursement this Period 142.00 <b>Transaction ID : D502318</b>
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Parking Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3034.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. McLaurin Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address PO Box 781		Amount of Each Disbursement this Period 142.00 <b>Transaction ID : D502319</b>
City Raleigh	State NC	
Zip Code 27602	Purpose of Disbursement Parking	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 662.20 <b>Transaction ID : D502322</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. NC Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D502314</b>
City Raleigh	State NC	
Zip Code 27603	Purpose of Disbursement Voter File	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3304.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 1101 15th Street NW Suite 500		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : D502344</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Database & Website Hosting 001 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>B. Omicron Zeta Chptr, Zeta Phi Beta Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 1022 Brintons Mill Lane		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : D502376</b>
City Knightdale State NC Zip Code 27545	Purpose of Disbursement Donation 012 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>c. The Democracy Project II</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 434 Fayetteville Street Suite 2020		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : D502345</b>
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Donation 012 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4080.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Sheraton Philadelphia Society Hill</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015	
Mailing Address One Dock Street			Amount of Each Disbursement this Period 1400.00	
City Philadelphia	State PA	Zip Code 19106	Transaction ID : D502377	
Purpose of Disbursement Conference		Category/Type 002		
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>B. U.S. Postmaster</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015	
Mailing Address 310 New Bern Avenue			Amount of Each Disbursement this Period 128.00	
City Raleigh	State NC	Zip Code 27611	Transaction ID : D502313	
Purpose of Disbursement Postage		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015	
Mailing Address One Verizon Way			Amount of Each Disbursement this Period 183.15	
City Basking Ridge	State NJ	Zip Code 07920-1097	Transaction ID : D502333	
Purpose of Disbursement Mobile Phone		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1711.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 184.54 <b>Transaction ID : D502334</b>
City Basking Ridge	State NJ	
Zip Code 07920-1097	Purpose of Disbursement Mobile Phone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 174.47 <b>Transaction ID : D502335</b>
City Basking Ridge	State NJ	
Zip Code 07920-1097	Purpose of Disbursement Mobile Phone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms. Anna Tilghman</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 236.93 <b>Transaction ID : D502326</b>
City Raleigh	State NC	
Zip Code 27609-5706	Purpose of Disbursement Reimbursement Catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	595.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Anna Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 304.20 <b>Transaction ID : D502327</b>
City Raleigh	State NC Zip Code 27609-5706	
Purpose of Disbursement Reimbursement Travel	Category/Type 002	
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>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 3415 Old Wake Forest Rd.		Amount of Each Disbursement this Period 304.20 <b>Transaction ID : D502416</b> <b>[MEMO ITEM]</b>
City Raleigh	State NC Zip Code 27608	
Purpose of Disbursement Airfare	Category/Type 002	
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>C. Ms. Anna Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 473.34 <b>Transaction ID : D502328</b>
City Raleigh	State NC Zip Code 27609-5706	
Purpose of Disbursement Reimbursement Travel	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	777.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Suites</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 435.34
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Overnight Accommodations	Category/Type 002	Transaction ID : D502422  [MEMO ITEM]
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>B. Ms. Anna Tilghman</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 460.40
City Raleigh	State NC Zip Code 27609-5706	
Purpose of Disbursement Reimbursement Catering	Category/Type 001	Transaction ID : D502329
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>c. The Hamilton</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 600 14th Street NW		Amount of Each Disbursement this Period 265.40
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Catering	Category/Type 001	Transaction ID : D502421  [MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	460.40
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Anna Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015	
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 267.00	
City Raleigh State NC Zip Code 27609-5706	Purpose of Disbursement Reimbursement Travel Category/Type 002	Transaction ID : D502330	
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>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015	
Mailing Address 3415 Old Wake Forest Rd.		Amount of Each Disbursement this Period 267.00	
City Raleigh State NC Zip Code 27608	Purpose of Disbursement Airfare Category/Type 002	Transaction ID : D502419 <b>[MEMO ITEM]</b>	
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>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015	
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 4607.81	
City Raleigh State NC Zip Code 27613	Purpose of Disbursement Payroll Category/Type 001	Transaction ID : D502357	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4874.81
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Anna Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 4607.81
City Raleigh	State NC	
Zip Code 27609-5706	Purpose of Disbursement Salary	Transaction ID : D502414
Candidate Name	001 Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 4593.93
City Raleigh	State NC	
Zip Code 27613	Purpose of Disbursement Payroll	Transaction ID : D502359
Candidate Name	001 Category/Type	
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>C. Ms. Anna Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 4593.93
City Raleigh	State NC	
Zip Code 27609-5706	Purpose of Disbursement Salary	Transaction ID : D502413
Candidate Name	001 Category/Type	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4593.93
<b>TOTAL</b> 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 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 4101 Doie Cope Road		Amount of Each Disbursement this Period 4557.81
City Raleigh	State NC Zip Code 27613	
Purpose of Disbursement Payroll	Category/Type 001	<b>Transaction ID : D502363</b>
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>B. Ms. Anna Tilghman</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 4122 Rockingham Dr		Amount of Each Disbursement this Period 4557.81
City Raleigh	State NC Zip Code 27609-5706	
Purpose of Disbursement Salary	Category/Type 001	<b>Transaction ID : D502415</b> <b>[MEMO ITEM]</b>
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>C. Hon. David E. Price</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 2200 N. Lakeshore Drive		Amount of Each Disbursement this Period 391.20
City Chapel Hill	State NC Zip Code 27514	
Purpose of Disbursement Reimbursement Travel	Category/Type 002	<b>Transaction ID : D502425</b>
Candidate Name <b>David Price</b>		
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: NC District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4949.01
<b>TOTAL</b> 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 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 3415 Old Wake Forest Rd.		Amount of Each Disbursement this Period 391.20
City Raleigh	State NC	
Purpose of Disbursement Airfare	Zip Code 27608	Category/ Type 002
Candidate Name	Disbursement For: 2016	
Office Sought:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
State:	<input type="checkbox"/> Other (specify)	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	49925.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 35
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. ALMA ADAMS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO BOX 20622		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D502370</b>
City GREENSBORO State NC Zip Code 27420	Purpose of Disbursement Primary 2015 NC-12 011 Category/Type	
Candidate Name <b>ALMA SHEALEY ADAMS</b>	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: NC District: 12		

Full Name (Last, First, Middle Initial) <b>B. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : D502316</b>
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Transfer of Unlimited Funds 011 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>c. NC Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D502315</b>
City Raleigh State NC Zip Code 27603	Purpose of Disbursement Contribution 011 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21500.00
<b>TOTAL</b> 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 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Price for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wake County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2015</b>
Mailing Address P.O. Box 12196		Amount of Each Disbursement this Period <b>500.00</b>
City Raleigh	State NC Zip Code 27605	
Purpose of Disbursement Contribution	<b>011</b>	<b>Transaction ID : D502320</b>
Candidate Name	Category/ Type	
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>B.</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	<b>Category/ Type</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	<b>Category/ Type</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>22000.00</b>