

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Elisabeth Motsinger for Congress

ADDRESS (number and street)

6548 Woodmere Drive

Check if different than previously reported. (ACC)

Walkertown

NC

27051-9426

2. FEC IDENTIFICATION NUMBER ▼

C C00508580

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on / / 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 John K Motsinger Sr

Signature of Treasurer John K Motsinger Sr

[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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Elisabeth Motsinger for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	265.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	20.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	245.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7385.95	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	91.20	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7294.75	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2455.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4500.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- 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

Elisabeth Motsinger for Congress

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="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election) through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	0.00	66587.85
(ii) Unitemized	265.00	59271.29
(iii) Total of contributions from individuals	265.00	685.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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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	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
265.00	0.00	685.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
91.20	0.00	91.20
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
3.00	0.00	3.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
359.20	0.00	779.20

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Elisabeth Motsinger for Congress

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	<input type="text" value="7385.95"/>	<input type="text" value="0.00"/>	<input type="text" value="8524.64"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="20.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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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
------	------	------

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

20.00	0.00	20.00
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21. OTHER DISBURSEMENTS

10.09	0.00	16.83
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

7416.04	0.00	8561.47
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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))

245.00	0.00	665.00
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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)

7294.75	0.00	8433.44
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9511.92
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	359.20
25. SUBTOTAL (add Line 23 and Line 24).....	9871.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7416.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2455.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Cogent Strategies, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012	
Mailing Address 389 N Green St			Amount of Each Disbursement this Period 2100.00	
City Winston Salem	State NC	Zip Code 27101-2772	Transaction ID : D424768	
Purpose of Disbursement Campaign Manager final pmt on contract		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Cogent Strategies, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012	
Mailing Address 389 N Green St			Amount of Each Disbursement this Period 900.00	
City Winston Salem	State NC	Zip Code 27101-2772	Transaction ID : D424769	
Purpose of Disbursement Fundraising mgr final pmt for campaign		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Costco Wholesale			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012	
Mailing Address 1085 Hanes Mall Blvd			Amount of Each Disbursement this Period 44.75	
City Winston Salem	State NC	Zip Code 27103-1310	Transaction ID : D428104	
Purpose of Disbursement stamps for xmas card mailing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3044.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Duke Energy		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO Box 1090		Amount of Each Disbursement this Period 46.21
City Charlotte	State NC	
Zip Code 28201-1090	Purpose of Disbursement electric bill 11/21	Transaction ID : D427248
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Elisabeth Motsinger		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 6548 Woodmere Drive		Amount of Each Disbursement this Period 1082.40
City Walkertown	State NC	
Zip Code 27051-9426	Purpose of Disbursement reimburse for miage while campaigning	Transaction ID : D424797
Candidate Name Elisabeth Motsinger	002 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 05		

Full Name (Last, First, Middle Initial) c. Home Real Estate Co.		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 100 S Marshall St		Amount of Each Disbursement this Period 795.00
City Winston Salem	State NC	
Zip Code 27101-2843	Purpose of Disbursement Dec Rent	Transaction ID : D424776
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1923.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Home Real Estate Co.		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2012
Mailing Address 100 S Marshall St		Amount of Each Disbursement this Period 795.00 Transaction ID : D428366
City Winston Salem	State NC	
Purpose of Disbursement last months rent		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Intuit, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 2800 E Commerce Center PI		Amount of Each Disbursement this Period 21.56 Transaction ID : D428367
City Tucson	State AZ	
Purpose of Disbursement monthly fee for software use QB Nov		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Intuit, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 2800 E Commerce Center PI		Amount of Each Disbursement this Period 21.56 Transaction ID : D428368
City Tucson	State AZ	
Purpose of Disbursement monthly fee for software use QB DEC		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	838.12
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Kilpatrick Designs, Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address 330 Staffordshire Road			Amount of Each Disbursement this Period 800.00	
City Winston Salem	State NC	Zip Code 27104	Transaction ID : D424772	
Purpose of Disbursement bal for design work		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 70.00	
City Washington	State DC	Zip Code 20005-5006	Transaction ID : D423433	
Purpose of Disbursement email overage for Oct		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. NGP VAN, Inc			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012	
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 250.00	
City Washington	State DC	Zip Code 20005-5006	Transaction ID : D428108	
Purpose of Disbursement monthly fee for software use		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1120.00
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 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Senor Brovo Mexican Restaurant		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2012
Mailing Address 241 S Marshall St		Amount of Each Disbursement this Period 82.19
City Winston Salem	State NC	
Zip Code 27101-5250	Purpose of Disbursement planing meeting with staff	Transaction ID : D428103
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 13840 Ballantyne Corporatie Place		Amount of Each Disbursement this Period 202.60
City Charlotte	State NC	
Zip Code 28277-1234	Purpose of Disbursement ohone and internet 12/13 to 1/12	Transaction ID : D428101
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Elisabeth Motsinger		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 6548 Woodmere Drive		Amount of Each Disbursement this Period 57.24
City Walkertown	State NC	
Zip Code 27051-9426	Purpose of Disbursement reimburse for misc campaing expenditures	Transaction ID : D424784
Candidate Name Elisabeth Motsinger	Category/ Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 05		

SUBTOTAL of Disbursements This Page (optional).....	342.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. American legion Fair			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address Unknown			Amount of Each Disbursement this Period 14.00
City Hickory	State NC	Zip Code 00000	Transaction ID : D424787 [MEMO ITEM]
Purpose of Disbursement entry fee to fair for campaigning		007 Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Grove Park Inn			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 290 Macon Avenue			Amount of Each Disbursement this Period 8.00
City Asheville	State NC	Zip Code 28804	Transaction ID : D424793 [MEMO ITEM]
Purpose of Disbursement parking for campaign event		007 Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. West End Cafe			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 926 W 4th St			Amount of Each Disbursement this Period 35.24
City Winston Salem	State NC	Zip Code 27101-2518	Transaction ID : D424792 [MEMO ITEM]
Purpose of Disbursement meetin re debates for campaign		007 Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 13 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. John Kings Motsinger Sr		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 6548 Woodmere Dr		Amount of Each Disbursement this Period 117.44 Transaction ID : D428117
City Walkertown State NC Zip Code 27051-9426	Purpose of Disbursement reimburse for cell phone charger Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizonwireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 117.44 Transaction ID : D428118 [MEMO ITEM]
City Atlanta State GA Zip Code 30348	Purpose of Disbursement reimburse for cell phone charger Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <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 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For:	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	117.44
TOTAL This Period (last page this line number only).....	7385.95

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

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

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

NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Judith Dancy		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2012
Mailing Address 1467 Old Town Road		Amount of Each Disbursement this Period 10.00 Transaction ID : D427208
City Winston-Salem	State NC	
Zip Code 27106-3143	Purpose of Disbursement refund thru actblue of post election deposit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Barbara L Johnson		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 501 Claridge Circle		Amount of Each Disbursement this Period 10.00 Transaction ID : D427209
City Winston-Salem	State NC	
Zip Code 27106-6300	Purpose of Disbursement refund of post election donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	20.00

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

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 10.09
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Service Fee	Transaction ID : D427187
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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).....	10.09
TOTAL This Period (last page this line number only).....	10.09

SCHEDULE C (FEC Form 3)
LOANS

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

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

Mailing Address
6548 Woodmere Dr

City State ZIP Code
Walkertown NC 27051-9426

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

TERMS

Date Incurred M 03 / D 13 / Y 2012	Date Due M M / D D / Y no due date	Interest Rate none % (apr)	Secured: <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).....	▶	[] 2000.00
TOTALS This Period (last page in this line only).....	▶	[] 2000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor I. M. Anonymous		Nature of Debt (Purpose): Disputed claim from alleged contractor
Mailing Address P. O. Box 25121		
City State Zip Code Winston Salem NC 27114-5121		

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		Transaction ID : D388694	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2500.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="2500.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="2000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="4500.00"/>

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

Form/Schedule: SD10

Transaction ID : D388694

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

Form/Schedule:

Transaction ID:

FEC FORM 3Z (File with Form 3)
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) Elisabeth Motsinger for Congress	Report Covering Period: From: M M / D D / Y Y Y Y Y Y 11 / 27 / 2012
	To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2012

	Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	Elisabeth Motsinger for Congress	265.00	0.00
B	Column Total Last Page Only.....	265.00	0.00

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0.00	0.00	265.00	0.00	0.00	0.00
B	0.00	0.00	265.00	0.00	0.00	0.00
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0.00	91.20	3.00	359.20	7385.95	0.00
B	0.00	91.20	3.00	359.20	7385.95	0.00
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	20.00	0.00	0.00
B	0.00	0.00	0.00	20.00	0.00	0.00
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	20.00	10.09	7416.04	9511.92	2455.08	0.00
B	20.00	10.09	7416.04	9511.92	2455.08	0.00
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	4500.00	245.00	7294.75			
B	4500.00	245.00	7294.75			