07/09/2013 21:05

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An A	uthor	ized Com	mittee			Office	Use Only	
NAME OF COMMITTEE (in	full)	TYPE OR PRIN	▼		ample: If typin er the lines.	g, type	12FE4M5	5		
Elisabeth Mots	singer for	Congress								1
l										
		i 6548 Woodme	re Drive							
ADDRESS (number ar	nd street)									
Check if dif		\\/all-artaa	NC 27051-9426							
than previous reported. (A		Walkertown					LNC L	27051-	9426	
2. FEC IDENTIFIC	CATION NU	JMBER ▼		CITY			STATE A		ZIP CODE	
C C0050858	30			IS THIS REPORT	× NEW	OR	AMENE (A)	DED	STATE ▼ DIS	STRICT
4. TYPE OF RE	•	oose One)	(b)	12-Day PRE -	Election Repo	ort for the:				
(a) Quarterly R	eports:				Primary (12P))	General (*	12G)	Runoff	(12R)
April 15	Quarterly R	leport (Q1)		П	Convention (12C)	Special (1	12S)		
X July 15	Quarterly R	eport (Q2)			Convention (.20)	opeoidi (i			
Octobe	r 15 Quarter	ly Report (Q3)		Election on	M M /	D D /	YYYY		in the State of	
January	/ 31 Year-En	d Report (YE)	(c) 3	 30-Day POS	r -Election Rep	ort for the	:			
					General (30G)	Runoff (30	0R)	Special	(30S)
Termina	ation Report	(TER)		Election on	M M /	D D /	Y Y Y Y		in the State of	Ċ
5. Covering Period	M 04	M / 01 /		013 Y	through	M N 06	30		y y y 2013	
I certify that I have e	examined thi	is Report and to	the be	est of my kn	owledge and l	belief it is t	rue, correct and	d com	olete.	
Type or Print Name	of Treasurer	John K Motsir	nger Sr							
Signature of Treasure	er <i>John</i>	K Motsinger Sr			[Electronically 1	Filed]	Date 07	/ [09 / 201	
NOTE: Submission of	false, errone	eous, or incomple	te infor	mation may	subject the per	son signing	this Report to t	he pen	alties of 2 U.S.C.	§437g.
Office Use								FF	EC FORM 3	
Only									Revised 02/2003)	

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Elisabeth Motsinger for Congress

			COLUMN A This Period	COLUMN B Election Cycle-to-Date		
6.	Net	Contributions (other than loans)				
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	785.00		
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	20.00		
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	765.00		
7.	Net	Operating Expenditures				
	(a)	Total Operating Expenditures (from Line 17)	125.00	9508.46		
	(b)	Total Offsets to Operating Expenditures (from Line 14)	43.12	1183.43		
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	81.88	8325.03		
8.		sh on Hand at Close of porting Period (from Line 27)	2663.49			
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00			
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	4500.00			

For further information contact:

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

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

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3/8

Write or Type Committee Name

Elisabeth Motsinger for Congress

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CC	ONTRIBUTIONS (other than loans) FROM:		
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	66587.85
	(ii) Unitemized(iii) TOTAL of contributions	0.00	59956.29
	from individuals	0.00	785.00
(b)		0.00	0.00
(0)	(such as PACs)	0.00	0.00
(d) (e)	The Candidate TOTAL CONTRIBUTIONS (other than loans)	0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	785.00
	RANSFERS FROM OTHER JTHORIZED COMMITTEES	0.00	0.00
3. LC			
(a)	Candidate	0.00	0.00
(b)		0.00	0.00
(c)	TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
	FFSETS TO OPERATING PENDITURES		
(Re	efunds, Rebates, etc.)	43.12	1183.43
	THER RECEIPTS ividends, Interest, etc.)	0.00	3.00
11	OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	43.12	1971.43

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	125.00	9508.46		
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	20.00		
	(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	20.00		
21.	OTHER DISBURSEMENTS	0.00	16.83		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	125.00	9545.29		
	III. CASH SU	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	2745.37		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	43.12		
25.	SUBTOTAL (add Line 23 and Line 24)		2788.49		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	125.00		
	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	G PERIOD	2663.49		

SCHEDULE B (FEC Form 3)

PAGE 5 8 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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) Date of Disbursement NGP VAN, Inc 2013 Mailing Address 1101 15th St NW Ste 500 City State Zip Code Amount of Each Disbursement this Period DC Washington 20005-5006 Purpose of Disbursement 125.00 Temporary reopening of NGP file 001 Transaction ID: D443829 Candidate Name Category/ Type 2014 Office Sought: House Disbursement For: **X** General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 125.00 SUBTOTAL of Disbursements This Page (optional)..... 125.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

	13a
X	13b

8

(check only one) Detailed Summary Page Transaction ID: L799 NAME OF COMMITTEE (In Full) Elisabeth Motsinger for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary John Kings MotsingerSr PERS FUNDS General Mailing Address Other (specify) \blacktriangledown 6548 Woodmere Dr State ZIP Code City NC 27051-9426 Walkertown Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 03^M Ž012 none no due date % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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**

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one)

DEBTS AND OBLIGATIONS Excluding Loans		for each numbered line)	(check only one)	9 X 10
NAME OF COMMITTEE (In Full)				X 10
Elisabeth Motsinger f	or Congress			
A. Full Name (Last, First, Middle Initial) of D I. M. Anonymous	<u> </u>		ebt (Purpose): laim from alleged contra	actor
Mailing Address P. O. Box 25121				
City State Winston Salem	Zip Code NC 27114-5121			
Outstanding Balance Beginning This Period 2500.00		Transacti	on ID : D388694	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close o	f This Period
0.00		0.00	7	2500.00
B. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of D	Pebt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close o	f This Period
C. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close o	f This Period
	,			2500.00
1) SUBTOTALS This Period This Page (options	al)		7 7	2500.00
2) TOTALS This Period (last page this line num	nber only))	7 7	2500.00
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last page only)	>	7 7	2000.00
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page o	only)		4500.00

1mage# 13964012977 PAGE 8 / 8

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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: