

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))....	3780.00	33808.71
(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)).....	3780.00	33808.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8568.11	26868.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	127.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8568.11	26740.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8381.10	
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).....	2000.00	

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

Elisabeth Motsinger 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).....	2550.00	2550.00
(ii) Unitemized	1230.00	8944.47
(iii) TOTAL of contributions from individuals	3780.00	33693.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	115.35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3780.00	33808.71
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	2000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	127.17
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).....	3780.00	35935.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8568.11	26868.09
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	8.32	1066.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8576.43	27934.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13177.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3780.00
25. SUBTOTAL (add Line 23 and Line 24).....	16957.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8576.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8381.10

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

Form/Schedule: F3N
Transaction ID :

If you have any questions, please contact John K. Motsinger Treasurer 336-293-8100 office 336-830-4729 cell

Form/Schedule:
Transaction ID:

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Joan F Celestino

Mailing Address 3400 York Rd

City Winston Salem State NC Zip Code 27104-1345

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

Name of Employer Winston-Salem/Forsyth County Schools Occupation Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : C8105776

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jane Motsinger

Mailing Address 440 Fax Welborn Rd

City State Road State NC Zip Code 28676-8713

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : C8184898

Amount of Each Receipt this Period
 500.00

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

Mailing Address 805 Buttonwood Dr

City Winston Salem State NC Zip Code 27104-1207

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

Name of Employer Wake Forest Baptist Health Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2012

Transaction ID : C8106037

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 18
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Patricia W Toole

Mailing Address 1836 Virginia Rd

City Winston Salem State NC Zip Code 27104-2316

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : C8106052

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Steve A Tuch

Mailing Address PO Box 1006

City Clemmons State NC Zip Code 27012-1006

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

Name of Employer Signs Now (Work With Inc) Occupation Business owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : C8106059

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5975 Glad Acres Rd

City Pfafftown State NC Zip Code 27040-9203

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

Name of Employer wfubmc Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012

Transaction ID : C8184899

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 18
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Kate Magruder Lambeth

Mailing Address 520 Jersey Ave.

City State Zip Code
Winston-Salem NC 27101-1109

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

Name of Employer Occupation
Inter_Section Gallery artist/gallery owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : C8264766A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2012

Transaction ID : C8264766AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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).....

50.00

2550.00

**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 9 OF 18			
	<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. Ace Hardware		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2287 Cloverdale Ave		Amount of Each Disbursement this Period 5.15 Transaction ID : D387265
City Winston Salem	State NC	
Zip Code 27103-2301	Purpose of Disbursement priority mail IRS filing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bernardin's Restaurant		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 901 W 4th St		Amount of Each Disbursement this Period 39.25 Transaction ID : D387281
City Winston Salem	State NC	
Zip Code 27101-2517	Purpose of Disbursement dinner with john sears	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Burke Street Pizza		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 1140 Burke Street		Amount of Each Disbursement this Period 27.49 Transaction ID : D387287
City Winston Salem	State NC	
Zip Code 27101	Purpose of Disbursement food for volunteers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	71.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18			
	<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. Costco Wholesale			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1085 Hanes Mall Blvd			Amount of Each Disbursement this Period 150.50 Transaction ID : D387269
City Winston Salem	State NC	Zip Code 27103-1310	
Purpose of Disbursement ink for printer		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Duke Energy			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address PO Box 1090			Amount of Each Disbursement this Period 43.41 Transaction ID : D387270
City Charlotte	State NC	Zip Code 28201-1090	
Purpose of Disbursement electric bill feb23-mar23		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Trent Merritt Harmon			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 4896 Hampton Rd			Amount of Each Disbursement this Period 500.00 Transaction ID : D387288
City Clemmons	State NC	Zip Code 27012-9421	
Purpose of Disbursement independent contractor payment		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	693.91
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 18			
	<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. Trent Merritt Harmon		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 4896 Hampton Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : D387289
City Clemmons	State NC	
Zip Code 27012-9421	Purpose of Disbursement independent contractor payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Home Real Estate Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 100 S Marshall St		Amount of Each Disbursement this Period 795.00 Transaction ID : D384733
City Winston Salem	State NC	
Zip Code 27101-2843	Purpose of Disbursement rent for april	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Carissa Joines		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 2724 Robinhood Rd		Amount of Each Disbursement this Period 1500.00 Transaction ID : D387292
City Winston Salem	State NC	
Zip Code 27106-5808	Purpose of Disbursement independent contractor payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2795.00
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 12 OF 18			
	<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. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 550.00 Transaction ID : D387272
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement NGP Financial Software payment	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. North Carolina Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 220 Hillsborough St		Amount of Each Disbursement this Period 2500.00 Transaction ID : D387291
City Raleigh	State NC Zip Code 27603-1724	
Purpose of Disbursement VoteBuilder Software Access Payment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1235 Silas Creek Pkwy		Amount of Each Disbursement this Period 119.79 Transaction ID : D387275
City Winston Salem	State NC Zip Code 27127-5628	
Purpose of Disbursement flyer printing	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3169.79
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 18			
	<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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 1235 Silas Creek Pkwy		Amount of Each Disbursement this Period 311.42 Transaction ID : D387266
City Winston Salem	State NC	
Purpose of Disbursement copies for buttons		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 1235 Silas Creek Pkwy		Amount of Each Disbursement this Period 20.27 Transaction ID : D387268
City Winston Salem	State NC	
Purpose of Disbursement message slips		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Signs Now		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 246 Jonestown Rd.		Amount of Each Disbursement this Period 280.44 Transaction ID : D387264
City Winston-Salem	State NC	
Purpose of Disbursement bumper stickers		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	311.42
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 14 OF 18			
	<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. The Computer Place		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 133 Jonestown Rd		Amount of Each Disbursement this Period 234.69 Transaction ID : D387276
City Winston Salem	State NC	
Zip Code 27104-4616	Purpose of Disbursement computer purchase	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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 04 / 17 / 2012
Mailing Address 13840 Ballantyne Corporate Place		Amount of Each Disbursement this Period 226.40 Transaction ID : D387271
City Charlotte	State NC	
Zip Code 28277-1234	Purpose of Disbursement internet and phone service 4/13 through 5/12	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Wake Forest Baptist Health Mail Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address Medical Center Blvd		Amount of Each Disbursement this Period 5.15 Transaction ID : D387277
City Winston Salem	State NC	
Zip Code 27157-0001	Purpose of Disbursement ethics report purchase	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	466.24
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 15 OF 18	
	<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. Wake Forest Baptist Health Mail Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address Medical Center Blvd		Amount of Each Disbursement this Period 5.90 Transaction ID : D387284
City Winston Salem	State NC	
Zip Code 27157-0001	Purpose of Disbursement ethics report fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Whole Foods Market		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 41 Miller St		Amount of Each Disbursement this Period 4.69 Transaction ID : D387283
City Winston Salem	State NC	
Zip Code 27104-4211	Purpose of Disbursement toilet tissue for office	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Winston-Salem/Forsyth County City/County Utilities		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address PO Box 2756		Amount of Each Disbursement this Period 49.27 Transaction ID : D387286
City Winston Salem	State NC	
Zip Code 27102-2756	Purpose of Disbursement water/sewer/storm bill for march	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	59.86
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 16 OF 18			
	<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. Perry Woods		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1005 Harp St		Amount of Each Disbursement this Period 1000.00 Transaction ID : D387290
City Raleigh	State NC Zip Code 27604-1461	
Purpose of Disbursement consultant payment	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State 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 <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	8568.11

**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 18			
	<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 04 / 08 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.37
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement service fee	Transaction ID : D387094
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 4.95
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement service fee	Transaction ID : D387095
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	8.32
TOTAL This Period (last page this line number only).....	8.32

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 Motsinger PERS FUNDS
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 25121
 City Winston Salem State NC ZIP Code 27114

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 / D / Y no due date
 Interest Rate: none % (apr)
 Secured: Yes No

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

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

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