

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 Walkertown NC 27051-9426

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00508580 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 MM/DD/YYYY in the State of
(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 11/27/2012 through MM/DD/YYYY 12/31/2012

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 MM/DD/YYYY 04/09/2013

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

Table with 8 columns and 1 row for Office Use Only. Includes FEC FORM 3 (Revised 02/2003) label.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Elisabeth Motsinger for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2012 To: M M / D D / Y Y Y Y 12 / 31 / 2012

	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	685.00
(b) Total Contribution Refunds (from Line 20(d)) .....	20.00	20.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	245.00	665.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7385.95	8524.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	91.20	91.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7294.75	8433.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2455.08	
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).....	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**  
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).....	0.00	66587.85
(ii) Unitemized .....	265.00	59956.29
(iii) TOTAL of contributions from individuals .....	265.00	685.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	265.00	685.00
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.) .....		
	91.20	91.20
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
	3.00	3.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	359.20	779.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7385.95	8524.64
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 .....	20.00	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)).....	20.00	20.00
21. OTHER DISBURSEMENTS .....	10.09	16.83
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7416.04	8561.47

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9511.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	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

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Inadvertently checked ""cross cycle override"" in original filing> Corrected error and amending.

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 6 OF 18			
	<input checked="" type="checkbox"/> 17 <input 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) <b>A. Cogent Strategies, LLC</b>		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 <b>Transaction ID : D424768</b>
City Winston Salem	State NC	
Zip Code 27101-2772	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>B. Cogent Strategies, LLC</b>		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 <b>Transaction ID : D424769</b>
City Winston Salem	State NC	
Zip Code 27101-2772	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) <b>C. Costco Wholesale</b>		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 <b>Transaction ID : D428104</b>
City Winston Salem	State NC	
Zip Code 27103-1310	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3044.75
<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 7 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) <b>A. Duke Energy</b>		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 <b>Transaction ID : D427248</b>
City Charlotte	State NC	
Zip Code 28201-1090	Purpose of Disbursement electric bill 11/21	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>B. Elisabeth Motsinger</b>		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 <b>Transaction ID : D424797</b>
City Walkertown	State NC	
Zip Code 27051-9426	Purpose of Disbursement reimburse for miage while campaigning	Category/ Type 002
Candidate Name <b>Elisabeth Motsinger</b>	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) <b>c. Home Real Estate Co.</b>		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 <b>Transaction ID : D424776</b>
City Winston Salem	State NC	
Zip Code 27101-2843	Purpose of Disbursement Dec 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1923.61
<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 8 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) <b>A. Home Real Estate Co.</b>		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 <b>Transaction ID : D428366</b>
City Winston Salem	State NC	
Zip Code 27101-2843	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>B. Intuit, Inc.</b>		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 <b>Transaction ID : D428367</b>
City Tucson	State AZ	
Zip Code 85706-4559	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) <b>C. Intuit, Inc.</b>		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 <b>Transaction ID : D428368</b>
City Tucson	State AZ	
Zip Code 85706-4559	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	838.12
<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 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) <b>A. Kilpatrick Designs, Inc</b>			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>B. NGP VAN, Inc</b>			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) <b>C. NGP VAN, Inc</b>			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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1120.00
<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 10 OF 18			
	<input checked="" type="checkbox"/> 17 <input 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	

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NAME OF COMMITTEE (In Full)  
**Elisabeth Motsinger for Congress**

Full Name (Last, First, Middle Initial) <b>A. Senor Brovo Mexican Restaurant</b>		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		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>B. Time Warner Cable</b>		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		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>c. Elisabeth Motsinger</b>		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		Category/ Type 007
Candidate Name <b>Elisabeth Motsinger</b>		
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	342.03
<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 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) <b>A. American legion Fair</b>		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
Purpose of Disbursement entry fee to fair for campaigning	Category/ Type 007	
Candidate Name	Transaction ID : D424787	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Grove Park Inn</b>		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
Purpose of Disbursement parking for campaign event	Category/ Type 007	
Candidate Name	Transaction ID : D424793	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. West End Cafe</b>		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
Purpose of Disbursement meetin re debates for campaign	Category/ Type 007	
Candidate Name	Transaction ID : D424792	
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:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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) <b>A. John Kings Motsinger Sr</b>		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 <b>Transaction ID : D428117</b>
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>B. Verizonwireless</b>		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 <b>Transaction ID : D428118</b> <b>[MEMO ITEM]</b>
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) <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 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	117.44
<b>TOTAL</b> 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 13 OF 18			
	<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				

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NAME OF COMMITTEE (In Full)  
**Elisabeth Motsinger for Congress**

Full Name (Last, First, Middle Initial) <b>A. Judith Dancy</b>		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 <b>Transaction ID : D427208</b>
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>B. Barbara L Johnson</b>		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 <b>Transaction ID : D427209</b>
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) <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	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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20.00
<b>TOTAL</b> 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 14 OF 18
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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) <b>A. ACTBLUE</b>		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	<b>Transaction ID : D427187</b>
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>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	
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) <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	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.09
<b>TOTAL</b> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 2000.00
<b>TOTALS</b> 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)

FOR LINE NUMBER: (check only one)  9  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

2500.00

**Transaction ID : D388694**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

2500.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

2500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

2000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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) <b>Elisabeth Motsinger for Congress</b>		Report Covering Period: From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>11</td><td></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>27</td><td></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2012</td><td></td><td></td><td></td><td></td><td></td></tr></table> To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>12</td><td></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>31</td><td></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2012</td><td></td><td></td><td></td><td></td><td></td></tr></table>				M	M	11		D	D	27		Y	Y	Y	Y	Y	Y	2012						M	M	12		D	D	31		Y	Y	Y	Y	Y	Y	2012					
M	M																																												
11																																													
D	D																																												
27																																													
Y	Y	Y	Y	Y	Y																																								
2012																																													
M	M																																												
12																																													
D	D																																												
31																																													
Y	Y	Y	Y	Y	Y																																								
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	<b>Elisabeth Motsinger for Congress</b>	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																																										