

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC

14 APR 24 PM 3:26

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Thom Tillis Committee

ADDRESS (number and street) PO Box 97396 Raleigh NC 27624 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00545772 3. IS THIS REPORT NEW OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NC

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 05 06 2014 in the State of NC (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2014 through 04 16 2014

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 Collin McMichael Signature of Treasurer [Signature] Date 04 21 2014

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 grid and FEC FORM 3 (Revised 02/2003)

14020334016

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Thom Tillis Committee**

Report Covering the Period: From: <sup>M</sup>04 <sup>D</sup>01 <sup>Y</sup>2014 To: <sup>M</sup>04 <sup>D</sup>16 <sup>Y</sup>2014

	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))...	151274.99	2779934.04
(b) Total Contribution Refunds (from Line 20(d)) ..	2600.00	40330.09
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	148674.99	2739603.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	399484.80	2149683.39
(b) Total Offsets to Operating Expenditures (from Line 14)...	336.48	1064.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	399148.32	2148618.59
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1067859.08	
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)...	250000.00	

**For further information contact:**

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

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

14020334017

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**Thom Tillis Committee**

Report Covering the Period: From: <sup>M M D D Y Y</sup> 04 01 2014 To: <sup>M M D D Y Y</sup> 04 16 2014

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)...	\$ 130149.99	\$ 2360627.99
(ii) Unitemized.....	\$ 5625.00	\$ 138132.05
(iii) TOTAL of contributions from individuals .	\$ 135774.99	\$ 2498760.04
(b) Political Party Committees...	\$ 0.00	\$ 0.00
(c) Other Political Committees (such as PACs) ...	\$ 15500.00	\$ 281174.00
(d) The Candidate.....	\$ 0.00	\$ 0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	\$ 151274.99	\$ 2779934.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	\$ 0.00	\$ 232603.72
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	\$ 0.00	\$ 250000.00
(b) All Other Loans...	\$ 0.00	\$ 0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	\$ 0.00	\$ 250000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	\$ 336.48	\$ 1064.80
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)...	\$ 151611.47	\$ 3263602.56

14020334018

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	399484.80	2149683.39
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 ...	2600.00	29080.09
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	11250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	2600.00	40330.09
21. OTHER DISBURSEMENTS ...	4105.00	5730.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	406189.80	2195743.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1322437.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	151611.47
25. SUBTOTAL (add Line 23 and Line 24)...	1474048.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	406189.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1067859.08

14020334019

**FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**

**Form/Schedule: F3N**  
**Transaction ID :**

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

**Form/Schedule:**  
**Transaction ID:**

14020334020

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 75

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. MARK ACKERMAN</b>		Date of Receipt M M D D Y Y 04 01 2014	
A. Mailing Address <b>25882 NELLIE GAIL ROAD</b>		<b>Transaction ID : SA11.4789</b>	
City <b>LAGUNA HILLS</b>	State <b>CA</b>	Zip Code <b>92653-6136</b>	Amount of Each Receipt this Period <b>2600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>WELLS FARGO ADVISORS</b>	Occupation <b>WEALTH MANAGEMENT</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2600.00</b>		

Full Name (Last, First, Middle Initial) <b>MR. BARRY D. ALEXANDER</b>		Date of Receipt M M D D Y Y 04 07 2014	
B. Mailing Address <b>3605 KNOLL CREEK DRIVE</b>		<b>Transaction ID : SA11.4744</b>	
City <b>APEX</b>	State <b>NC</b>	Zip Code <b>27539-5726</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>NELSON MULLINS RILEY &amp; SCARBOROUGH</b>	Occupation <b>ATTORNEY</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>		

Full Name (Last, First, Middle Initial) <b>MR. JOHNNIE BAKER</b>		Date of Receipt M M D D Y Y 04 11 2014	
C. Mailing Address <b>P.O. BOX 163</b>		<b>Transaction ID : SA11.4817</b>	
City <b>WRIGHTSVILLE BEACH</b>	State <b>NC</b>	Zip Code <b>28480-0163</b>	Amount of Each Receipt this Period <b>200.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>ENVIRONMENTAL CHEMISTS INC</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>400.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334021

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 75

(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. XING LONG BAO</b>			Date of Receipt M M D D Y Y 04 09 2014	
Mailing Address <b>7200 BIRCHBARK CT</b>			<b>Transaction ID : SA11.4754</b>	
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27615-5303</b>	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>RECA INTERNATIONAL CORP.</b>		Occupation <b>VICE PRESIDENT</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>HALEY BARBOUR</b>			Date of Receipt M M D D Y Y 04 10 2014	
Mailing Address <b>648 DOGWOOD DRIVE</b>			<b>Transaction ID : SA11.4779</b>	
City <b>YAZOO CITY</b>	State <b>MS</b>	Zip Code <b>39194-8205</b>	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>BARBOUR GRIFFITH &amp; ROGERS</b>		Occupation <b>ATTORNEY</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>HALEY BARBOUR</b>			Date of Receipt M M D D Y Y 04 10 2014	
Mailing Address <b>648 DOGWOOD DRIVE</b>			<b>Transaction ID : SA11.4780</b>	
City <b>YAZOO CITY</b>	State <b>MS</b>	Zip Code <b>39194-8205</b>	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>BARBOUR GRIFFITH &amp; ROGERS</b>		Occupation <b>ATTORNEY</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....			5450.00	
<b>TOTAL</b> This Period (last page this line number only).....			5450.00	

1402034022

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MRS. ELLEN DEROSSET BASSETT</b>		Date of Receipt M M D D Y Y 04 07 2014
Mailing Address 786 ROSYLN ROAD		Transaction ID : SA11.4835
City WINSTON SALEM	State NC	Zip Code 27104-2122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BASSETT CREATIVE SERVICES	Occupation PRESIDENT	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		500.00

Full Name (Last, First, Middle Initial) <b>MR. JOHN D. BASSETT III</b>		Date of Receipt M M D D Y Y 04 07 2014
Mailing Address P.O. BOX 69		Transaction ID : SA11.4827
City ROARING GAP	State NC	Zip Code 28668-0069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BASSETT FURNITURE	Occupation EXECUTIVE	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		1000.00

Full Name (Last, First, Middle Initial) <b>MR. JOHN D. BASSETT IV</b>		Date of Receipt M M D D Y Y 04 07 2014
Mailing Address 786 ROSYLN RD.		Transaction ID : SA11.4826
City WINSTON SALEM	State NC	Zip Code 27104-2122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BASSETT FURNITURE	Occupation EXECUTIVE	2100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		2600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334023

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MRS. MILLIE K. BEADLE</b>			Date of Receipt M M D D Y Y 04 07 2014	
A. Mailing Address 1604 FOUR IRON STREET			Transaction ID : SA11.4854	
City	State	Zip Code	Amount of Each Receipt this Period	
MOREHEAD CITY	NC	28557-4939	250.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer WELLS FARGO		Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) <b>MR. RICHARD E. BENGEL</b>			Date of Receipt M M D D Y Y 04 07 2014	
B. Mailing Address 329A MIDDLE STREET			Transaction ID : SA11.4855	
City	State	Zip Code	Amount of Each Receipt this Period	
NEW BERN	NC	28560-4928	250.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFF		Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) <b>MR. CHARLES R. BLACK</b>			Date of Receipt M M D D Y Y 04 10 2014	
C. Mailing Address 208 VIRGINIA AVE			Transaction ID : SA11.4783	
City	State	Zip Code	Amount of Each Receipt this Period	
ALEXANDRIA	VA	22302-2906	1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer BKSH & ASSOC		Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

SUBTOTAL of Receipts This Page (optional).....			1500.00	
TOTAL This Period (last page this line number only).....				

14020334024

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A. MRS. JUDY A. BLACK**  
 Mailing Address 208 VIRGINIA AVE  
 City ALEXANDRIA State VA Zip Code 22302-2906  
 Date of Receipt 04 10 2014  
 Transaction ID : SA11.4784  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION  
 Name of Employer BROWNSTEIN HAYATT FARBER SCHRECK Occupation POLICY DIRECTOR  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date 1000.00

**B. MR. KENNETH R. BLIZZARD**  
 Mailing Address 1449 HWY 258 N  
 City KINSTON State NC Zip Code 28504-7208  
 Date of Receipt 04 12 2014  
 Transaction ID : SA11.4838  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION  
 Name of Employer CONTRACT FLOORING Occupation OWNER  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date 1500.00

**C. MR. JAMES R. BULLOCK JR.**  
 Mailing Address 521 BANNER AVE  
 City GREENSBORO State NC Zip Code 27401-4302  
 Date of Receipt 04 10 2014  
 Transaction ID : SA11.4769  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 Name of Employer EAS LLC Occupation CEO  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date 3000.00

**SUBTOTAL** of Receipts This Page (optional)..... 2100.00  
**TOTAL** This Period (last page this line number only).....

14020334025

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 75  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES R. BULLOCK JR.**

Mailing Address **521 BANNER AVE**

City **GREENSBORO** State **NC** Zip Code **27401-4302**

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

Name of Employer **EAS LLC** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
M M D D Y Y  
**04 10 2014**

Transaction ID : **SA11.4770**

Amount of Each Receipt this Period  
**400.00**  
CONTRIBUTION

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

Mailing Address **1113 BROOKWOOD DRIVE**

City **WILKESBORO** State **NC** Zip Code **28697-2229**

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

Name of Employer **VOLUNTEER** Occupation **COMMUNITY VOLUNTEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
M M D D Y Y  
**04 11 2014**

Transaction ID : **SA11.4818**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN Y. CHAMBLISS III**

Mailing Address **301 S. CHURCH STREET  
SUITE 10**

City **ROCKY MOUNT** State **NC** Zip Code **27804-5738**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
M M D D Y Y  
**04 15 2014**

Transaction ID : **SA11.4883**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1650.00**

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

14020334026

**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 12 OF 75
<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MS. JANE CHRISTENSEN</b>			Date of Receipt M M D D Y Y 04 04 2014	
A. Mailing Address <b>6415 NORTH 40TH STREET</b>			Transaction ID : <b>SA11.4604</b>	
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85041-4908</b>	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>SELF-EMPLOYED</b>		Occupation <b>MEDICAL</b>	250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) <b>MR. JAMES G. CHRYSOON</b>			Date of Receipt M M D D Y Y 04 11 2014	
B. Mailing Address <b>1045 BURKE STREET</b>			Transaction ID : <b>SA11.4823</b>	
City <b>WINSTON SALEM</b>	State <b>NC</b>	Zip Code <b>27101-2412</b>	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>CB DEVELOPMENT</b>		Occupation <b>HOMEBUILDER</b>	1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) <b>MR. WILLIAM H. CLARK</b>			Date of Receipt M M D D Y Y 04 11 2014	
C. Mailing Address <b>2104 BLOOMSBURY ROAD</b>			Transaction ID : <b>SA11.4914</b>	
City <b>GREENVILLE</b>	State <b>NC</b>	Zip Code <b>27858-9628</b>	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>BILL CLARK HOMES</b>		Occupation <b>OWNER</b>	1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334027

**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 13 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. JIM CLICK JR.</b>		Date of Receipt M M D D Y Y 04 04 2014
Mailing Address <b>6403 E. MIRAMAR DRIVE</b>		<b>Transaction ID : SA11.4605</b>
City <b>TUCSON</b>	State <b>AZ</b>	Zip Code <b>85715-3118</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer <b>JIM CLICK AUTOMOTIVE</b>	Occupation <b>AUTO DEALER</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5200.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. JIM CLICK JR.</b>		Date of Receipt M M D D Y Y 04 04 2014
Mailing Address <b>6403 E. MIRAMAR DRIVE</b>		<b>Transaction ID : SA11.4606</b>
City <b>TUCSON</b>	State <b>AZ</b>	Zip Code <b>85715-3118</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer <b>JIM CLICK AUTOMOTIVE</b>	Occupation <b>AUTO DEALER</b>	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5200.00</b>	

Full Name (Last, First, Middle Initial) <b>MRS. VICKI CLICK</b>		Date of Receipt M M D D Y Y 04 04 2014
Mailing Address <b>6403 E. MIRAMAR DRIVE</b>		<b>Transaction ID : SA11.4607</b>
City <b>TUCSON</b>	State <b>AZ</b>	Zip Code <b>85715-3118</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5200.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334028

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. VICKI CLICK**

Mailing Address **6403 E. MIRAMAR DRIVE**

City **TUCSON** State **AZ** Zip Code **85715-3118**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M D D Y Y  
**04 04 2014**

Transaction ID : **SA11.4608**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **1400 MAYFIELD COURT**

City **HIGH POINT** State **NC** Zip Code **27260-2663**

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

Name of Employer **OLD DOMINION FREIGHT LINE** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M D D Y Y  
**04 04 2014**

Transaction ID : **SA11.4806**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

Mailing Address **1-C GATE FIVE ROAD**

City **SAUSALITO** State **CA** Zip Code **94965-**

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

Name of Employer **SEQUOIA LAND** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M D D Y Y  
**04 03 2014**

Transaction ID : **SA11.4803**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **4850.00**

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

14020334029

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 75  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. CHARLES CREIGHTON</b>			Date of Receipt M M D D Y Y 04 02 2014		
Mailing Address 115 W KING ST			<b>Transaction ID : SA11.4791</b>		
City EDENTON	State NC	Zip Code 27932-1851	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			100.00		
Name of Employer COLONY TIRE CORP		Occupation CEO	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1984.00			

Full Name (Last, First, Middle Initial) <b>BILL DAUGHTRIDGE JR.</b>			Date of Receipt M M D D Y Y 04 03 2014		
Mailing Address 217 CANDLEWOOD ROAD			<b>Transaction ID : SA11.4471</b>		
City ROCKY MOUNT	State NC	Zip Code 27804-2109	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			500.00		
Name of Employer DAUGHTRIDGE GAS CO		Occupation PRESIDENT	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) <b>MR. LIGE DAUGHTRIDGE</b>			Date of Receipt M M D D Y Y 04 15 2014		
Mailing Address 112 CANDLE CT.			<b>Transaction ID : SA11.4875</b>		
City ROCKY MOUNT	State NC	Zip Code 27804-2102	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			1000.00		
Name of Employer DAUGHTRIDGE SALES		Occupation WHOLESALE DISTRIBUTION	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334030

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 75  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

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

Mailing Address **5998 DORTCHES BLVD.**

City **ROCKY MOUNT** State **NC** Zip Code **27804-8368**

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

Name of Employer **TURN-KEY CONTRACTORS, INC** Occupation **HOME BUILDER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M D D Y Y  
 04 16 2014

**Transaction ID : SA11.4896**

Amount of Each Receipt this Period  
 CONTRIBUTION 1000.00

1000.00

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

Mailing Address **3900 SILVER BELL DRIVE**

City **CHARLOTTE** State **NC** Zip Code **28211-4434**

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

Name of Employer **DELOITTE** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M D D Y Y  
 04 07 2014

**Transaction ID : SA11.4812**

Amount of Each Receipt this Period  
 CONTRIBUTION 975.00

2100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD R. DIAMOND**

Mailing Address **2200 E. RIVER ROAD**  
**#115**

City **TUCSON** State **AZ** Zip Code **85718-6577**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M D D Y Y  
 04 04 2014

**Transaction ID : SA11.4603**

Amount of Each Receipt this Period  
 CONTRIBUTION 500.00

500.00

**SUBTOTAL** of Receipts This Page (optional)..... 2475.00

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

1402034031

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 75  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. MARK R. DISLER</b>		Date of Receipt M M D D Y Y 04 10 2014
A. Mailing Address <b>6414 NEEDLE LEAK DRIVE</b>		Transaction ID : <b>SA11.4774</b>
City <b>ROCKVILLE</b>	State Zip Code <b>MD 20852-4150</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period \$ 250.00
Name of Employer <b>PRIME POLICY GROUP</b>	Occupation <b>GOVERNMENT POLICY</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>PATTIE M. DUNN</b>		Date of Receipt M M D D Y Y 04 03 2014
B. Mailing Address <b>17 MERGANSER CV</b>		Transaction ID : <b>SA11.4472</b>
City <b>ROCKY MOUNT</b>	State Zip Code <b>NC 27804-6336</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period \$ 250.00
Name of Employer <b>WILSON MEDICAL CENTER</b>	Occupation <b>HOSPITAL AND HEALTH CARE</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MS. SHARON DUPONT MCCORD</b>		Date of Receipt M M D D Y Y 04 07 2014
C. Mailing Address <b>6360 N. 48TH STREET</b>		Transaction ID : <b>SA11.4813</b>
City <b>PARADISE VALLEY</b>	State Zip Code <b>AZ 85253-4077</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period \$ 250.00
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 750.00
<b>TOTAL</b> This Period (last page this line number only).....	\$

14020334032

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MS. JODY M. DYKE</b>		Date of Receipt M M D D Y Y <b>04 11 2014</b>
Mailing Address <b>7006 ERIN COURT</b>		<b>Transaction ID : SA11.4819</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28210-4906</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>SONIC AUTOMOTIVE</b>	Occupation <b>AUTO</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. MARK EASLEY</b>		Date of Receipt M M D D Y Y <b>04 16 2014</b>
Mailing Address <b>117 DELAPLANE CT</b>		<b>Transaction ID : SA11.4923</b>
City <b>MORRISVILLE</b>	State <b>NC</b>	Zip Code <b>27560-6987</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>550.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. SCOTT ECKMAN</b>		Date of Receipt M M D D Y Y <b>04 07 2014</b>
Mailing Address <b>2820 BITTING ROAD</b>		<b>Transaction ID : SA11.4832</b>
City <b>WINSTON SALEM</b>	State <b>NC</b>	Zip Code <b>27104-3004</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>INTERNATIONAL MARKET CENTERS</b>	Occupation <b>CHIEF MARKETING OFFICER</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334033

**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 19 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MRS. ABIGAIL S. EDWARDS</b>		Date of Receipt M M D D Y Y 04 12 2014
Mailing Address 305 E. OLIVER STREET		Transaction ID : SA11.4840
City WHITEVILLE	State NC	Zip Code 28472-2809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AFFORDABLE DENTING	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>DR. STEVEN H. EYELER</b>		Date of Receipt M M D D Y Y 04 07 2014
Mailing Address 13417 SCANLAN WAY		Transaction ID : SA11.4857
City DAVIDSON	State NC	Zip Code 28036-7718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer UNIVERSITY EYE ASSOCIATES	Occupation OPTOMETRIST	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>MR. DONALD E. FADER</b>		Date of Receipt M M D D Y Y 04 12 2014
Mailing Address 1701 KENT ST.		Transaction ID : SA11.4839
City KINSTON	State NC	Zip Code 28504-2563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SMC HOME FINANCE	Occupation MORTGAGE LENDER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

1402034034

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. JAMES E. FARRINGTON</b>			Date of Receipt M M D D Y Y 04 07 2014	
A. Mailing Address <b>413 SUNRISE COURT</b>			<b>Transaction ID : SA11.4850</b>	
City <b>EMERALD ISLE</b>	State <b>NC</b>	Zip Code <b>28594-3050</b>	Amount of Each Receipt this Period <b>250.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>LANDSCAPING FIRM</b>		Occupation <b>OWNER</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>		

Full Name (Last, First, Middle Initial) <b>MR. WILLIAM FLETCHER</b>			Date of Receipt M M D D Y Y 04 16 2014	
B. Mailing Address <b>824 NEW HOPE ROAD</b>			<b>Transaction ID : SA11.4934</b>	
City <b>PURLEAR</b>	State <b>NC</b>	Zip Code <b>28665-8911</b>	Amount of Each Receipt this Period <b>250.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>FLETCHER INVESTIGATIONS</b>		Occupation <b>PRIVATE INVESTIGATOR</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>		

Full Name (Last, First, Middle Initial) <b>MR. RICHARD W. FRYE</b>			Date of Receipt M M D D Y Y 04 07 2014	
C. Mailing Address <b>406 QUEEN STREET</b>			<b>Transaction ID : SA11.4856</b>	
City <b>NEW BERN</b>	State <b>NC</b>	Zip Code <b>28560-4026</b>	Amount of Each Receipt this Period <b>250.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION	
Name of Employer <b>LITTLETON ADVERTISING AND MARK</b>		Occupation <b>CFO</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334035

**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 21 OF 75
<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MS. LAUREN A. FULK</b>		Date of Receipt M M D D Y Y 04 15 2014
A. Mailing Address 6020 SHARON ACRES ROAD		Transaction ID : SA11.4880
City CHARLOTTE	State NC	Zip Code 28210-7029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SPECTRUM COMMUNICATIONS	Occupation ACCOUNT DIRECTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. DALTON L. FURLOUGH</b>		Date of Receipt M M D D Y Y 04 16 2014
B. Mailing Address 1109 SOUND SHORE DRIVE		Transaction ID : SA11.4897
City EDENTON	State NC	Zip Code 27932-8917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ROYALTY FINANCE	Occupation PRESIDENT/OWNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. TED GARDNER</b>		Date of Receipt M M D D Y Y 04 04 2014
C. Mailing Address 920 GRANVILLE ROAD		Transaction ID : SA11.4807
City CHARLOTTE	State NC	Zip Code 28207-1832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SILVERHAWK CAPITAL	Occupation MANAGING PARTNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334036

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 75

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. STEVEN GAYNOR</b>			Date of Receipt M M D D Y Y 04 04 2014	
Mailing Address 3800 N 38TH AVE			Transaction ID : SA11.4810	
City PHOENIX	State AZ	Zip Code 85019-3706	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer BDL, INC.		Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) <b>MR. MODESTO GOMEZ</b>			Date of Receipt M M D D Y Y 04 13 2014	
Mailing Address 18611 PENINSULA CLUB DRIVE			Transaction ID : SA11.4916	
City CORNELIUS	State NC	Zip Code 28031-5113	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	300.00	

Full Name (Last, First, Middle Initial) <b>MR. DAVID H. GRIFFIN SR.</b>			Date of Receipt M M D D Y Y 04 14 2014	
Mailing Address 2022 SHIMER DRIVE			Transaction ID : SA11.4865	
City JAMESTOWN	State NC	Zip Code 27282-9336	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer DH GRIFFIN COMPANIES		Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334037

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 75

(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. JOHN M. HARWELL</b>			Date of Receipt M M D D Y Y 04 16 2014		
A. Mailing Address P.O. BOX 964 407 F ST			Transaction ID : SA11.4935		
City NORTH WILKESBORO	State NC	Zip Code 28659-0964	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			CONTRIBUTION \$ 250.00		
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00		

Full Name (Last, First, Middle Initial) <b>MR. CHRISTOPHER HAYES</b>			Date of Receipt M M D D Y Y 04 16 2014		
B. Mailing Address 1812 ARLINGTON ST			Transaction ID : SA11.4931		
City RALEIGH	State NC	Zip Code 27608-2104	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			CONTRIBUTION \$ 1388.00		
Name of Employer NC GENERAL ASSEMBLY		Occupation CHIEF OF STAFF			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1388.00		

Full Name (Last, First, Middle Initial) <b>KULVINDER KAUR HIJAZIN</b>			Date of Receipt M M D D Y Y 04 15 2014		
C. Mailing Address 10722 CARMEL COMMONS BLVD SUITE 440			Transaction ID : SA11.4882		
City CHARLOTTE	State NC	Zip Code 28226-3998	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			CONTRIBUTION \$ 500.00		
Name of Employer BRIGHTSTAR CARE OF CHARLOTTE		Occupation FRANCHISEE			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	\$

14020334038

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. CLAUDE A. HOWLETT</b>		Date of Receipt M M D D Y Y 04 04 2014
Mailing Address 7616 E KRALL STREET		Transaction ID : SA11.4609
City SCOTTSDALE	State AZ	Zip Code 85250-4657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer INDIGO PARTNERS	Occupation PRINCIPAL	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		500.00

Full Name (Last, First, Middle Initial) <b>MS. ANGELA B. HUNTER</b>		Date of Receipt M M D D Y Y 04 15 2014
Mailing Address 213 CANDLEWOOD ROAD		Transaction ID : SA11.4924
City ROCKY MOUNT	State NC	Zip Code 27804-2109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer PHYSICAL THERAPY FOR WOMEN'S HEATH	Occupation PHYSICAL THERAPIST	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		250.00

Full Name (Last, First, Middle Initial) <b>MR. JOHN W. JAMES</b>		Date of Receipt M M D D Y Y 04 16 2014
Mailing Address 1584 HATTIE HILL RD		Transaction ID : SA11.4893
City VILAS	State NC	Zip Code 28692-9358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation RETIRED	100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334039

**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 25 OF 75
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MRS. MADELENE P. JOHNSON</b>			Date of Receipt M M D D Y Y 04 10 2014	
A. Mailing Address 1724 SPRING VALLEY DRIVE			Transaction ID : SA11.4776	
City WILKESBORO	State NC	Zip Code 28697-9516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>MR. TOMMY JOHNSON</b>			Date of Receipt M M D D Y Y 04 10 2014	
B. Mailing Address 629 QUINCY LANE			Transaction ID : SA11.4908	
City WEXFORD	State PA	Zip Code 15090-6835	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer CONSOL ENERGY		Occupation VICE PRESIDENT - GOVERNMENT & PUBLIC		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>MR. TOMMY JOHNSON</b>			Date of Receipt M M D D Y Y 04 10 2014	
C. Mailing Address 629 QUINCY LANE			Transaction ID : SA11.4909	
City WEXFORD	State PA	Zip Code 15090-6835	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer CONSOL ENERGY		Occupation VICE PRESIDENT - GOVERNMENT & PUBLIC		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850.00
<b>TOTAL</b> This Period (last page this line number only).....	

1402034040

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TOMMY JOHNSON**

Mailing Address **629 QUINCY LANE**

City **WEXFORD** State **PA** Zip Code **15090-6835**

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

Name of Employer **CONSOL ENERGY** Occupation **VICE PRESIDENT - GOVERNMENT & PUBLIC**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M D D Y Y Y  
**04 10 2014**

**Transaction ID : SA11.4910**

Amount of Each Receipt this Period  
**2400.00**

CONTRIBUTION

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

Mailing Address **105 PRESTON GRANDE WAY**

City **MORRISVILLE** State **NC** Zip Code **27560-7073**

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

Name of Employer **UBS** Occupation **SR. VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M D D Y Y Y  
**04 16 2014**

**Transaction ID : SA11.4920**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GRAEME M. KEITH**

Mailing Address **2301 RICHARDSON DR.**

City **CHARLOTTE** State **NC** Zip Code **28211-3350**

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

Name of Employer **THE KEITH CORP.** Occupation **REDEV**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M D D Y Y Y  
**04 07 2014**

**Transaction ID : SA11.4740**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **2750.00**

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

14020334041

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GRAEME M. KEITH**

Mailing Address **2301 RICHARDSON DR.**

City **CHARLOTTE** State **NC** Zip Code **28211-3350**

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

Name of Employer **THE KEITH CORP.** Occupation **REDEV**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M D D Y Y  
**04 07 2014**

**Transaction ID : SA11.4741**

Amount of Each Receipt this Period  
**900.00**

**CONTRIBUTION**

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

Mailing Address **3964 E. PARADISE VIEW DRIVE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-3800**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M D D Y Y  
**04 02 2014**

**Transaction ID : SA11.4797**

Amount of Each Receipt this Period  
**2600.00**

**CONTRIBUTION**

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

Mailing Address **3964 E. PARADISE VIEW DRIVE**

City **PARADISE VALLEY** State **AZ** Zip Code **85253-3800**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M D D Y Y  
**04 02 2014**

**Transaction ID : SA11.4798**

Amount of Each Receipt this Period  
**2600.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... **6100.00**

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

1402034042

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. MARSHALL KING</b>		Date of Receipt MM DD YY 04 12 2014
Mailing Address 225 EAST NEW BERN ROAD		Transaction ID : SA11.4841
City KINSTON	State NC	Zip Code 28504-6733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NEUSE SPORT SHOP	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. HOWARD KLEIN</b>		Date of Receipt MM DD YY 04 02 2014
Mailing Address 5 CHARLESTON		Transaction ID : SA11.4796
City IRVINE	State CA	Zip Code 92620-2513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer KLEIN, O'NEILL & SINGH, LLP	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. MARK LAPORT</b>		Date of Receipt MM DD YY 04 16 2014
Mailing Address 1404 BARONY LAKE WAY		Transaction ID : SA11.4921
City RALEIGH	State NC	Zip Code 27614-8475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CONCORD HOSPITALITY ENTERPRISES	Occupation PRESIDENT & CEO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334043

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. J. RANDALL LATTA</b>			Date of Receipt M M D D Y Y 04 10 2014
Mailing Address PO BOX 1110			<b>Transaction ID : SA11.4777</b>
City ASHEVILLE	State NC	Zip Code 28802-1110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation DENTIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MR. JAMES C. LIPHAM JR.</b>			Date of Receipt M M D D Y Y 04 16 2014
Mailing Address 2667 COLD MOUNTAIN ROAD			<b>Transaction ID : SA11.4898</b>
City LAKE TOXAWAY	State NC	Zip Code 28747-8626	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>MR. CHRISTOPHER LLOYD</b>			Date of Receipt M M D D Y Y 04 09 2014
Mailing Address 5116 TOPPING LANE			<b>Transaction ID : SA11.4904</b>
City GLEN ALLEN	State VA	Zip Code 23060-2418	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			CONTRIBUTION
Name of Employer MCGUIREWOODS CONSULTIN	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334044

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. BLAKE D. LOVETTE</b>		Date of Receipt M M D D Y Y 04 16 2014
A. Mailing Address <b>407 F STREET UNIT 206</b>		<b>Transaction ID : SA11.4936</b>
City <b>NORTH WILKESBORO</b>	State <b>NC</b>	Zip Code <b>28659-4370</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. ROBERT J. MARICICH</b>		Date of Receipt M M D D Y Y 04 07 2014
B. Mailing Address <b>ONE HUGHES CENTER DRIVE UNIT 1801</b>		<b>Transaction ID : SA11.4833</b>
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89169-6741</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>INTERNATIONAL MARKET CENTERS</b>	Occupation <b>CEO</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. MICHAEL MCCABE</b>		Date of Receipt M M D D Y Y 04 04 2014
C. Mailing Address <b>16B RIVERVIEW CIRCLE</b>		<b>Transaction ID : SA11.4809</b>
City <b>NORTH BERGEN</b>	State <b>NJ</b>	Zip Code <b>07047-6240</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>DELOITTE</b>	Occupation <b>EXECUTIVE</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

1402034045

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 75  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. RICHARD E. MEADE</b>			Date of Receipt M M D D Y Y 04 10 2014		
A. Mailing Address <b>700 BERRY STREET</b>			<b>Transaction ID : SA11.4772</b>		
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22042-2402</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			250.00		
Name of Employer <b>PRIME POLICY GROUP</b>		Occupation <b>MANAGING DIRECTOR</b>	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>			

Full Name (Last, First, Middle Initial) <b>MR. THOMAS S. MITCHELL</b>			Date of Receipt M M D D Y Y 04 07 2014		
B. Mailing Address <b>3815 BELLE AIRE CIRCLE</b>			<b>Transaction ID : SA11.4834</b>		
City <b>ROANOKE</b>	State <b>VA</b>	Zip Code <b>24018-1252</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			250.00		
Name of Employer <b>SELF-EMPLOYED</b>		Occupation <b>FURNITURE</b>	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>			

Full Name (Last, First, Middle Initial) <b>MR. LOREN L. MONROE</b>			Date of Receipt M M D D Y Y 04 10 2014		
C. Mailing Address <b>1733 FAIRVIEW AVENUE</b>			<b>Transaction ID : SA11.4771</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22101-4709</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			500.00		
Name of Employer <b>BGR GROUP</b>		Occupation <b>GOVERNMENT AFFAIRS</b>	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334046

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT B. MOORE JR.**

Mailing Address **1968 CORNERSTONE DRIVE**

City **WINTERVILLE** State **NC** Zip Code **28590-9292**

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

Name of Employer **RILEY OUTDOOR, LLC** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M D D Y Y  
**04 12 2014**

Transaction ID : **SA11.4848**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRED J. MORGANTHAL II**

Mailing Address **7625 STONECROFT PARK DR.**

City **CHARLOTTE** State **NC** Zip Code **28226-5583**

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

Name of Employer **HARRIS TEETER** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M D D Y Y  
**04 07 2014**

Transaction ID : **SA11.4742**

Amount of Each Receipt this Period  
**1500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. T. DAVID NEILL**

Mailing Address **691 JONESTOWN ROAD**

City **WINSTON SALEM** State **NC** Zip Code **27103-1206**

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

Name of Employer **MERCEDES BENZ OF WINSTON-SALEM** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M D D Y Y  
**04 11 2014**

Transaction ID : **SA11.4821**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **5100.00**

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

14020334047

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MRS. LINDA NICKLES</b>			Date of Receipt M M D D Y Y 04 10 2014		
Mailing Address 903 CENTRILLION DRIVE			<b>Transaction ID : SA11.4781</b>		
City MCLEAN	State VA	Zip Code 22102-1443	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			CONTRIBUTION \$ 1000.00		
Name of Employer HOMEMAKER		Occupation HOMEMAKER			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00		

Full Name (Last, First, Middle Initial) <b>MR. KEVIN M. O'CONNOR</b>			Date of Receipt M M D D Y Y 04 07 2014		
Mailing Address 4011 TANBARK COURT			<b>Transaction ID : SA11.4830</b>		
City GREENSBORO	State NC	Zip Code 27407-8113	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			CONTRIBUTION \$ 1000.00		
Name of Employer SAMSON MARKETING		Occupation EXECUTIVE			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00		

Full Name (Last, First, Middle Initial) <b>MR. ROBERT P. O'MEARA</b>			Date of Receipt M M D D Y Y 04 16 2014		
Mailing Address 176 ISLAND CREEK DRIVE			<b>Transaction ID : SA11.4919</b>		
City INDIAN RIVER SHORES	State FL	Zip Code 32963-3364	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			CONTRIBUTION \$ 2000.00		
Name of Employer FIRST MIDWEST BANCORP, INC.		Occupation DIRECTOR			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$	\$	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	\$	\$	*

14020334048

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. CHRISTOPHER PADILLA</b>			Date of Receipt M M D D Y Y 04 10 2014		
Mailing Address 5902 MELVERN DRIVE			<b>Transaction ID : SA11.4911</b>		
City BETHESDA	State MD	Zip Code 20817-2510	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 1000.00		
Name of Employer IBM		Occupation VP, GOVERNMENT AFFAIRS			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	CONTRIBUTION \$ 1000.00		

Full Name (Last, First, Middle Initial) <b>MR. SHAWN P. PARKER</b>			Date of Receipt M M D D Y Y 04 01 2014		
Mailing Address 5538 WADE PARK BLVD.			<b>Transaction ID : SA11.4787</b>		
City RALEIGH	State NC	Zip Code 27607-6020	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 50.00		
Name of Employer ATTORNEY		Occupation NCCCN, INC.			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	CONTRIBUTION \$ 650.00		

Full Name (Last, First, Middle Initial) <b>MR. IVAN Y. PEACOCK</b>			Date of Receipt M M D D Y Y 04 15 2014		
Mailing Address 213 STONEYBROOKE RD.			<b>Transaction ID : SA11.4876</b>		
City ROCKY MOUNT	State NC	Zip Code 27804-2140	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 200.00		
Name of Employer NASH XRAY ASSOCIATES		Occupation PHYSICIAN			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	CONTRIBUTION \$ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 1250.00
<b>TOTAL</b> This Period (last page this line number only).....	\$

14020334049

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. GARDNER G. PECKHAM</b>			Date of Receipt M M D D Y Y 04 10 2014		
Mailing Address <b>4418 RIDGE STREET</b>			<b>Transaction ID : SA11.4785</b>		
City <b>CHEVY CHASE</b>	State <b>MD</b>	Zip Code <b>20815-5226</b>	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION		
Name of Employer <b>PRIME POLICY GROUP</b>		Occupation <b>MANAGING DIRECTOR</b>	\$ 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00			

Full Name (Last, First, Middle Initial) <b>B. MRS. REBECCA CATHERINE PERRY</b>			Date of Receipt M M D D Y Y 04 12 2014		
Mailing Address <b>1602 CAMBRIDGE DRIVE</b>			<b>Transaction ID : SA11.4842</b>		
City <b>KINSTON</b>	State <b>NC</b>	Zip Code <b>28504-2002</b>	Amount of Each Receipt this Period \$ 494.18		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION		
Name of Employer <b>HOMEMAKER</b>		Occupation <b>HOMEMAKER</b>	\$ 494.18		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2599.99			

Full Name (Last, First, Middle Initial) <b>C. MRS. REBECCA CATHERINE PERRY</b>			Date of Receipt M M D D Y Y 04 02 2014		
Mailing Address <b>1602 CAMBRIDGE DRIVE</b>			<b>Transaction ID : SA11.4892</b>		
City <b>KINSTON</b>	State <b>NC</b>	Zip Code <b>28504-2002</b>	Amount of Each Receipt this Period \$ 2105.81		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION		
Name of Employer <b>HOMEMAKER</b>		Occupation <b>HOMEMAKER</b>	\$ 2105.81		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2599.99	IN-KIND - FOOD/BEVERAGE		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 2849.99
<b>TOTAL</b> This Period (last page this line number only).....	\$

14020334050

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN R. PHILLIPS**

Mailing Address **6205 PARKHILL DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22312-1161**

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

Name of Employer **DLA PIPER, LLP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M D D Y Y  
 04 14 2014

Transaction ID : **SA11.4866**

Amount of Each Receipt this Period  
 \$ 500.00  
 CONTRIBUTION

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

Mailing Address **2 WALDEN RIDGE DRIVE  
SUITE 70**

City **ASHEVILLE** State **NC** Zip Code **28803-8598**

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

Name of Employer **PULLIAM PROPERTIES** Occupation **DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M D D Y Y  
 04 14 2014

Transaction ID : **SA11.4869**

Amount of Each Receipt this Period  
 \$ 2000.00  
 CONTRIBUTION

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

Mailing Address **93 REED RD**

City **DYER** State **TN** Zip Code **38330-4034**

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

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE AGENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M D D Y Y  
 04 03 2014

Transaction ID : **SA11.4801**

Amount of Each Receipt this Period  
 \$ 550.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **2550.00**

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

14020334051

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RUSSELL H. RHODES JR.**

Mailing Address **1501 GREENBRIAR ROAD**

City <b>KINSTON</b>	State <b>NC</b>	Zip Code <b>28501-2629</b>
------------------------	--------------------	-------------------------------

Date of Receipt  
MM DD YY  
**04 12 2014**

Transaction ID : **SA11.4843**

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

Amount of Each Receipt this Period  
**500.00**

Name of Employer  
**NEUSE SPORT SHOP**

Occupation  
**EXECUTIVE**

CONTRIBUTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD K. ROBSON**

Mailing Address **9532 E RIGGS ROAD**

City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>
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Date of Receipt  
MM DD YY  
**04 04 2014**

Transaction ID : **SA11.4614**

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

Amount of Each Receipt this Period  
**2600.00**

Name of Employer  
**ROBSON COMMUNITIES**

Occupation  
**CHAIRMAN CEO**

CONTRIBUTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD K. ROBSON**

Mailing Address **9532 E RIGGS ROAD**

City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>
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Date of Receipt  
MM DD YY  
**04 04 2014**

Transaction ID : **SA11.4615**

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

Amount of Each Receipt this Period  
**2400.00**

Name of Employer  
**ROBSON COMMUNITIES**

Occupation  
**CHAIRMAN CEO**

CONTRIBUTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334052

**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 38 OF 75
<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MS. KIMBERLEY A. ROBSON</b>			Date of Receipt M M D D Y Y 04 04 2014		
Mailing Address <b>9532 E RIGGS ROAD</b>			<b>Transaction ID : SA11.4613</b>		
City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 2500.00		
Name of Employer <b>ROBSON COMMUNITIES</b>		Occupation <b>CO-OWNER</b>	CONTRIBUTION \$ 2500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>2500.00</b>			

Full Name (Last, First, Middle Initial) <b>LYNDA R. ROBSON</b>			Date of Receipt M M D D Y Y 04 04 2014		
Mailing Address <b>9532 E RIGGS ROAD</b>			<b>Transaction ID : SA11.4612</b>		
City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 2500.00		
Name of Employer <b>ROBSON COMMUNITIES</b>		Occupation <b>CO-OWNER</b>	CONTRIBUTION \$ 2500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>2500.00</b>			

Full Name (Last, First, Middle Initial) <b>MR. MARK E. ROBSON</b>			Date of Receipt M M D D Y Y 04 04 2014		
Mailing Address <b>9532 E RIGGS ROAD</b>			<b>Transaction ID : SA11.4610</b>		
City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 2600.00		
Name of Employer <b>ROBSON COMMUNITIES</b>		Occupation <b>CO-OWNER</b>	CONTRIBUTION \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>5000.00</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 7600.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 7600.00

14020334053

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 75

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. MARK E. ROBSON</b>		Date of Receipt M M D D Y Y 04 04 2014	
A. Mailing Address <b>9532 E RIGGS ROAD</b>		<b>Transaction ID : SA11.4611</b>	
City <b>SUN LAKES</b>	State <b>AZ</b>	Zip Code <b>85248-7463</b>	Amount of Each Receipt this Period <b>2400.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>ROBSON COMMUNITIES</b>	Occupation <b>CO-OWNER</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5000.00</b>		

Full Name (Last, First, Middle Initial) <b>MS. MICHELLE ROBSON</b>		Date of Receipt M M D D Y Y 04 03 2014	
B. Mailing Address <b>3104 E CAMELBACK #837</b>		<b>Transaction ID : SA11.4804</b>	
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85016-4502</b>	Amount of Each Receipt this Period <b>2240.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>EMPOWHER.COM</b>	Occupation <b>FOUNDER/CEO</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>4200.00</b>		

Full Name (Last, First, Middle Initial) <b>MS. MICHELLE ROBSON</b>		Date of Receipt M M D D Y Y 04 03 2014	
C. Mailing Address <b>3104 E CAMELBACK #837</b>		<b>Transaction ID : SA11.4805</b>	
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85016-4502</b>	Amount of Each Receipt this Period <b>1600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION	
Name of Employer <b>EMPOWHER.COM</b>	Occupation <b>FOUNDER/CEO</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>4200.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334054

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MS. MICHELLE ROBSON</b>		Date of Receipt M M D D Y Y 04 03 2014
A. Mailing Address <b>3104 E CAMELBACK #837</b>		<b>Transaction ID : SA11.4943</b>
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85016-4502</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>360.00</b>
Name of Employer <b>EMPOWHER.COM</b>	Occupation <b>FOUNDER/CEO</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>4200.00</b>	<b>IN-KIND - CATERING</b>

Full Name (Last, First, Middle Initial) <b>MR. WILLIAM KEITH ROLLINS</b>		Date of Receipt M M D D Y Y 04 03 2014
B. Mailing Address <b>501 HARRIS LANDING RD.</b>		<b>Transaction ID : SA11.4799</b>
City <b>EDENTON</b>	State <b>NC</b>	Zip Code <b>27932-9562</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>325.00</b>	

Full Name (Last, First, Middle Initial) <b>MRS. ALICE S. ROUSE</b>		Date of Receipt M M D D Y Y 04 12 2014
C. Mailing Address <b>2856 ALTON PHILLIPS ROAD</b>		<b>Transaction ID : SA11.4844</b>
City <b>KINSTON</b>	State <b>NC</b>	Zip Code <b>28504-9003</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>MODULAR SOLUTIONS, INC</b>	Occupation <b>OWNER</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1385.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334055

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 75  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A. MRS. RUTH SAMUELSON**  
 Mailing Address 1432 FERNCLIFF RD  
 City CHARLOTTE State NC Zip Code 28211-2221  
 Date of Receipt 04 16 2014  
 Transaction ID : SA11.4933  
 Amount of Each Receipt this Period  
 CONTRIBUTION 1000.00  
 Name of Employer NCGA Occupation LEGISLATOR  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

**B. MR. RICH SCHALABBA**  
 Mailing Address 9206 CLERKENWELL DRIVE  
 City WAXHAW State NC Zip Code 28173-6788  
 Date of Receipt 04 07 2014  
 Transaction ID : SA11.4814  
 Amount of Each Receipt this Period  
 CONTRIBUTION 500.00  
 Name of Employer CONNOLLY Occupation CONSULTANT  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

**C. MRS. ALICE H. SCOTT**  
 Mailing Address 7757 OSCAR LOOP  
 City LUCAMA State NC Zip Code 27851-9361  
 Date of Receipt 04 15 2014  
 Transaction ID : SA11.4874  
 Amount of Each Receipt this Period  
 CONTRIBUTION 2000.00  
 Name of Employer SCOTT FARMS INC. Occupation FARMING  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4600.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3500.00  
**TOTAL** This Period (last page this line number only) .....

14020334056

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. THOMAS J. SEGRAVE JR.</b>			Date of Receipt M M D D Y Y 04 12 2014	
Mailing Address <b>3407 TIMBERLAKE COURT</b>			<b>Transaction ID : SA11.4845</b>	
City <b>KINSTON</b>	State <b>NC</b>	Zip Code <b>28504-8447</b>	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 1000.00	
Name of Employer <b>DELTA AIRELITE</b>		Occupation <b>PRESIDENT</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) <b>MR. GARLAND D. SHEPHEARD</b>			Date of Receipt M M D D Y Y 04 02 2014	
Mailing Address <b>403 HOPE LODGE STREET P.O. BOX 1</b>			<b>Transaction ID : SA11.4454</b>	
City <b>TARBORO</b>	State <b>NC</b>	Zip Code <b>27886-0001</b>	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 250.00	
Name of Employer <b>TEAM FORD</b>		Occupation <b>AUTOMOTIVE - DEALER/SALES</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) <b>MR. STEPHEN C. SHERRILL</b>			Date of Receipt M M D D Y Y 04 10 2014	
Mailing Address <b>765 PARK AVE APT 4B</b>			<b>Transaction ID : SA11.4782</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10021-4271</b>	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <b>C</b>			CONTRIBUTION \$ 2600.00	
Name of Employer <b>BRUCKMANN ROSSER SHERRILL &amp; CO</b>		Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 3850.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 3850.00

14020334057

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 75  
(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. KEITH H. SMITH</b>		Date of Receipt M M D D Y Y 04 10 2014
A. Mailing Address 1409 WAYNE STREET		Transaction ID : SA11.4773
City ALEXANDRIA	State VA	Zip Code 22301-1927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PRIME POLICY GROUP	Occupation MANAGING DIRECTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. TIM SNYDER</b>		Date of Receipt M M D D Y Y 04 14 2014
B. Mailing Address 8140 CROSSGATE COURT NORTH		Transaction ID : SA11.4870
City DUBLIN	State OH	Zip Code 43017-8431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TRECA	Occupation CTO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. BURNIE STAPLES</b>		Date of Receipt M M D D Y Y 04 09 2014
C. Mailing Address 424 THISTLEY LANE		Transaction ID : SA11.4755
City CHESAPEAKE	State VA	Zip Code 23322-2177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ATLANTIC FINANCIAL SERVICES	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334058

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. JAMES C. STEVENS</b>		Date of Receipt M M D D Y Y 04 07 2014
Mailing Address 379 BAY RUN		Transaction ID : SA11.4853
City NEWPORT	State NC	Zip Code 28570-8928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer S&S	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. CHRISTOPHER CRAIG STONE</b>		Date of Receipt M M D D Y Y 04 16 2014
Mailing Address 506 S. ELAM AVENUE		Transaction ID : SA11.4937
City JAMESTOWN	State NC	Zip Code 27403-1411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer WYNNEFIELD PROPERTIES	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>MR. PHIL STRACH</b>		Date of Receipt M M D D Y Y 04 02 2014
Mailing Address 109 MEADOW OAK LANE		Transaction ID : SA11.4792
City GARNER	State NC	Zip Code 27529-4796
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer OGLETREE DEAKINS	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3450.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334059

**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 45 OF 75
<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. SEAN STRAIN</b>			Date of Receipt M M D D Y Y 04 15 2014	
Mailing Address 3347 MILL RACE RD			Transaction ID : SA11.4922	
City CHARLOTTE	State NC	Zip Code 28270-0449	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			50.00	
Name of Employer IBM		Occupation PRODUCT MANAGER	CONTRIBUTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>MS. MARGARET TRAMMELL</b>			Date of Receipt M M D D Y Y 04 03 2014	
Mailing Address 1957 BURKE HOLLOW ROAD			Transaction ID : SA11.4800	
City NOLENSVILLE	State TN	Zip Code 37135-9407	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			100.00	
Name of Employer AETNA HEALTH CARE		Occupation DIRECTOR OF CLAIMS AND POLICYHOLDER	CONTRIBUTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>MR. AUGUSTUS HARRISON TULLOSS</b>			Date of Receipt M M D D Y Y 04 15 2014	
Mailing Address 209 COBBLESTONE CIRCLE			Transaction ID : SA11.4873	
City ROCKY MOUNT	State NC	Zip Code 27804-6365	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			250.00	
Name of Employer GUS H TULLOSS INSURANCE		Occupation INSURANCE	CONTRIBUTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334060

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 75  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MS. PAMELA J. TURNER</b>		Date of Receipt M M D D Y Y 04 10 2014
A. Mailing Address <b>4831 26TH STREET NORTH</b>		Transaction ID : <b>SA11.4775</b>
City <b>ARLINGTON</b>	State Zip Code <b>VA 22207-2632</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>PRIME POLICY GROUP</b>	Occupation <b>MANAGING DIRECTOR</b>	CONTRIBUTION \$ 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ 250.00	

Full Name (Last, First, Middle Initial) <b>MS. TISHA TURNER</b>		Date of Receipt M M D D Y Y 04 04 2014
B. Mailing Address <b>323 WEST JONES STREET SUITE 1275</b>		Transaction ID : <b>SA11.4808</b>
City <b>RALEIGH</b>	State Zip Code <b>NC 27603-1472</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>KANE REALTY</b>	Occupation <b>DIRECTOR OF DEVELOPMENT</b>	CONTRIBUTION \$ 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ 250.00	

Full Name (Last, First, Middle Initial) <b>MR. J. STEPHEN VANDERWOUDE</b>		Date of Receipt M M D D Y Y 04 16 2014
C. Mailing Address <b>510 MEADOWMONT VILLAGE CIRCLE BOX 372</b>		Transaction ID : <b>SA11.4918</b>
City <b>CHAPEL HILL</b>	State Zip Code <b>NC 27517-7584</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>CONSULTANT</b>	CONTRIBUTION \$ 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 3100.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ \$ *

1402034061

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. WALTER M. WADE JR.</b>			Date of Receipt M M D D Y Y 04 16 2014		
Mailing Address <b>2944 BLACKSBURG ROAD</b>			<b>Transaction ID : SA11.4899</b>		
City <b>GROVER</b>	State <b>NC</b>	Zip Code <b>28073-9780</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			250.00		
Name of Employer <b>AMITY FINANCE</b>		Occupation <b>PRESIDENT</b>	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>250.00</b>			

Full Name (Last, First, Middle Initial) <b>MR. ROBERT J. WALT</b>			Date of Receipt M M D D Y Y 04 10 2014		
Mailing Address <b>10316 STERLING SPRING ROAD</b>			<b>Transaction ID : SA11.4778</b>		
City <b>LOUISVILLE</b>	State <b>KY</b>	Zip Code <b>40223-2782</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			500.00		
Name of Employer <b>HUMANA</b>		Occupation <b>NATIONAL BUSINESS EXECUTIVE</b>	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>			

Full Name (Last, First, Middle Initial) <b>MR. RONALD G. WANER</b>			Date of Receipt M M D D Y Y 04 07 2014		
Mailing Address <b>1205 SNELL ISLE BLVD, NE</b>			<b>Transaction ID : SA11.4829</b>		
City <b>ST. PETERSBURG</b>	State <b>FL</b>	Zip Code <b>33704-3035</b>	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			2600.00		
Name of Employer <b>ASHLEY FURNITURE INDUSTRIES, INC.</b>		Occupation <b>CHAIRMAN</b>	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>2600.00</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$	\$	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	\$	\$	

14020334062

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. MRS. BECKY BENTSON WEBER</b>		Date of Receipt M M D D Y Y 04 10 2014
Mailing Address 7603 BENT OAK COURT		Transaction ID : SA11.4786
City FALLS CHURCH	State VA	Zip Code 22043-3906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer PRIME POLICY GROUP	Occupation MANAGING DIRECTOR	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		250.00

Full Name (Last, First, Middle Initial) <b>B. MR. ERSKINE WELLS</b>		Date of Receipt M M D D Y Y 04 02 2014
Mailing Address 8229 STACEY ROAD		Transaction ID : SA11.4795
City ALEXANDRIA	State VA	Zip Code 22308-1651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BGR GROUP	Occupation CONSULTANT	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		1000.00

Full Name (Last, First, Middle Initial) <b>C. MR. W. NELSON WILDER</b>		Date of Receipt M M D D Y Y 04 12 2014
Mailing Address 552 LAKELAND DRIVE		Transaction ID : SA11.4846
City KINSTON	State NC	Zip Code 28504-6701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer W.N. WILDER CO.	Occupation PRINCIPAL, RETIRED	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	CONTRIBUTION
		500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334063

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. WILLIAM N. WILDER JR.</b>			Date of Receipt M M D D Y Y 04 12 2014		
Mailing Address 1300 GREENBRIAR ROAD			<b>Transaction ID : SA11.4847</b>		
City KINSTON	State NC	Zip Code 28501-2626	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			500.00		
Name of Employer PIGGLY WIGGLY		Occupation EXECUTIVE	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00		

Full Name (Last, First, Middle Initial) <b>MRS. ANGELA H. WILLIAMS</b>			Date of Receipt M M D D Y Y 04 14 2014		
Mailing Address 277 ROYAL POINCIANA WAY #135			<b>Transaction ID : SA11.4867</b>		
City PALM BEACH	State FL	Zip Code 33480-4007	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			2600.00		
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	5200.00		

Full Name (Last, First, Middle Initial) <b>MRS. ANGELA H. WILLIAMS</b>			Date of Receipt M M D D Y Y 04 14 2014		
Mailing Address 277 ROYAL POINCIANA WAY #135			<b>Transaction ID : SA11.4868</b>		
City PALM BEACH	State FL	Zip Code 33480-4007	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			2600.00		
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334064

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 75

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>MR. HARRY K. WILLIAMS</b>		Date of Receipt M M D D Y Y 04 11 2014	
Mailing Address <b>1431 QUADRANT CIRCLE</b>		Transaction ID : <b>SA11.4822</b>	
City <b>WILMINGTON</b>	State <b>NC</b>	Zip Code <b>28405-4220</b>	Amount of Each Receipt this Period  500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  500.00		

Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	130149.99

14020334065

**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 51 OF 75

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
**COMMITTEE TO ELECT PAT B HURLEY**

Mailing Address **334 SHAMROCK RD**

City State Zip Code  
**ASHEBORO NC 27203-5847**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M D D Y Y  
**04 14 2014**

Transaction ID : **SA11.4864**

Amount of Each Receipt this Period  
**CONTRIBUTION 1000.00**

Full Name (Last, First, Middle Initial)  
**COMMITTEE TO ELECT JEFF COLLINS**

Mailing Address **P.O. BOX 8078**

City State Zip Code  
**ROCKY MOUNT NC 27804-1078**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M D D Y Y  
**04 15 2014**

Transaction ID : **SA11.4872**

Amount of Each Receipt this Period  
**CONTRIBUTION 1000.00**

Full Name (Last, First, Middle Initial)  
**NORTH CAROLINA VOTERS FOR ANIMAL WELFARE**

Mailing Address **206 CAUSEWAY DR  
#1252**

City State Zip Code  
**WRIGHTSVILLE BEACH NC 28480-2005**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M D D Y Y  
**04 03 2014**

Transaction ID : **SA11.4802**

Amount of Each Receipt this Period  
**CONTRIBUTION 500.00**

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

**2500.00**

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

14020334066

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

A. Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1111 14TH STREET, NW  
SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20005-5627**

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
M M D D Y Y  
**04 07 2014**

Transaction ID : **SA11.4862**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**BRIDGEPOINT EDUCATION, INC. PAC**

Mailing Address **13500 EVENING CREEK DR. NORTH**

City **SAN DIEGO** State **CA** Zip Code **92128-8104**

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
M M D D Y Y  
**04 10 2014**

Transaction ID : **SA11.4767**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**PIEDMONT STONE CENTER PLLC PAC**

Mailing Address **3825 FORRESTGATE DR**

City **WINSTON SALEM** State **NC** Zip Code **27103-2930**

FEC ID number of contributing federal political committee. **C C00387696**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
M M D D Y Y  
**04 11 2014**

Transaction ID : **SA11.4815**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **4500.00**

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

14020334067

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A. TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1301 W SEVENTH ST  
SUITE 201

City FORT WORTH State TX Zip Code 76102-2651

Date of Receipt  
M M D D Y Y  
04 10 2014

Transaction ID : SA11.4768

FEC ID number of contributing federal political committee. **C** C00211524

Amount of Each Receipt this Period  
CONTRIBUTION 2500.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

**B. UNIVERSAL TECHNICAL INSTITUTE INC PAC (UTIPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 16220 N. SCOTTSDALE RD  
STE 100

City SCOTTSDALE State AZ Zip Code 85254-1825

Date of Receipt  
M M D D Y Y  
04 04 2014

Transaction ID : SA11.4602

FEC ID number of contributing federal political committee. **C** C00497545

Amount of Each Receipt this Period  
CONTRIBUTION 1000.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

**C. US CHAMBER OF COMMERCE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1615 H STREET NW

City WASHINGTON State DC Zip Code 20062-0001

Date of Receipt  
M M D D Y Y  
04 16 2014

Transaction ID : SA11.4930

FEC ID number of contributing federal political committee. **C** C90013145

Amount of Each Receipt this Period  
CONTRIBUTION 5000.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... 8500.00

**TOTAL** This Period (last page this line number only)..... 15500.00

14020334068

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>US AIRWAYS</b>		Date of Receipt M M D D Y Y 04 14 2014
A. Mailing Address <b>4000 E SKY HARBOR BLVD</b>		Transaction ID : <b>SA14.809</b>
City <b>PHOENIX</b>	State <b>AZ</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>316.00</b>
Name of Employer	Occupation	<b>VENDOR REFUND</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>316.00</b>	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>316.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>316.00</b>

14020334069

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. LUKE BLANCHAT</b>		Date of Disbursement M M D D Y Y Y 04 16 2014	
Mailing Address 1933 LELA AVE		Amount of Each Disbursement this Period	
City CHARLOTTE	State NC	Zip Code 28208	1652.63
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.I799
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BRENDA GIBSON</b>		Date of Disbursement M M D D Y Y Y 04 16 2014	
Mailing Address 531 LAKESTONE DR		Amount of Each Disbursement this Period	
City RALEIGH	State NC	Zip Code 27609	2398.41
Purpose of Disbursement CATERING		Category/ Type	Transaction ID : SB17.I796
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MITCHELL'S CATERING</b>		Date of Disbursement M M J D Y Y Y 04 16 2014	
Mailing Address 1732 CAPITAL BLVD		Amount of Each Disbursement this Period	
City RALEIGH	State NC	Zip Code 27604	2398.41
Purpose of Disbursement CATERING		Category/ Type	Transaction ID : SB17.I797
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4051.04
<b>TOTAL</b> This Period (last page this line number only).....	

14020334070

**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 56 OF 75			
	<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. MRS. REBECCA CATHERINE PERRY</b>		Date of Disbursement M M D D Y Y 04 02 2014
Mailing Address 1602 CAMBRIDGE DRIVE		Amount of Each Disbursement this Period \$ 2105.81 Transaction ID : SB17.4892
City KINSTON	State NC	
Zip Code 28504-2002		Category/ Type IN-KIND - FOOD/BEVERAGE
Purpose of Disbursement IN-KIND CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MS. MICHELLE ROBSON</b>		Date of Disbursement M M D D Y Y 04 03 2014
Mailing Address 3104 E CAMELBACK #837		Amount of Each Disbursement this Period \$ 360.00 Transaction ID : SB17.4943
City PHOENIX	State AZ	
Zip Code 85016-4502		Category/ Type IN-KIND - CATERING
Purpose of Disbursement IN-KIND CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JORDAN SHAW</b>		Date of Disbursement M M D D Y Y 04 16 2014
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period \$ 1099.62 Transaction ID : SB17.1804
City RALEIGH	State NC	
Zip Code 27605-3105		Category/ Type
Purpose of Disbursement INSURANCE, MILEAGE, PARKING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3565.43
<b>TOTAL</b> This Period (last page this line number only).....	

14020334071

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. CERIDIAN HCM, INC.</b>		Date of Disbursement M M D D Y Y 04 16 2014
Mailing Address 3311 E OLD SHAKOPEE RD		Amount of Each Disbursement this Period 457.08 Transaction ID : SB17.I805 <b>[MEMO ITEM]</b>
City MINNEAPOLIS	State MN	
Zip Code 55425-1361	Purpose of Disbursement INSURANCE	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) <b>B. CERIDIAN HCM, INC.</b>		Date of Disbursement M M D D Y Y 04 16 2014
Mailing Address 3311 E OLD SHAKOPEE RD		Amount of Each Disbursement this Period 34.54 Transaction ID : SB17.I806 <b>[MEMO ITEM]</b>
City MINNEAPOLIS	State MN	
Zip Code 55425-1361	Purpose of Disbursement INSURANCE	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) <b>C. A SOUTHERN SEASON</b>		Date of Disbursement M M D D Y Y 04 11 2014
Mailing Address 201 S ESTES DR		Amount of Each Disbursement this Period 1084.74 Transaction ID : SB17.I780
City CHAPEL HILL	State NC	
Zip Code 27514	Purpose of Disbursement FOOD/BEVERAGE	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1084.74
<b>TOTAL</b> This Period (last page this line number only) .....	

14020334072

**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 58 OF 75	
	<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. ACCULINK</b>		Date of Disbursement M M D D Y Y Y 04 16 2014	
Mailing Address P.O. BOX 30080		Amount of Each Disbursement this Period	
City GREENVILLE	State NC	Zip Code 27833	3165.36
Purpose of Disbursement PRINTING SERVICES	Candidate Name		<b>Transaction ID : SB17.I793</b>
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AIRNET GROUP</b>		Date of Disbursement M M D D Y Y Y 04 08 2014	
Mailing Address PO BOX 11181		Amount of Each Disbursement this Period	
City CHATTANOOGA	State TN	Zip Code 37401	823.28
Purpose of Disbursement PHONE SERVICES	Candidate Name		<b>Transaction ID : SB17.I765</b>
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AIRNET GROUP</b>		Date of Disbursement M M D D Y Y Y 04 16 2014	
Mailing Address PO BOX 11181		Amount of Each Disbursement this Period	
City CHATTANOOGA	State TN	Zip Code 37401	1736.46
Purpose of Disbursement PHONE SERVICES	Candidate Name		<b>Transaction ID : SB17.I794</b>
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)		Category/ Type
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5725.10
<b>TOTAL</b> This Period (last page this line number only).....	

14020334073

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. AQUESTA BANK</b>		Date of Disbursement M M D D Y Y 04 04 2014	
Mailing Address 19510 JETTON RD		Amount of Each Disbursement this Period	
City CORNELIUS	State NC	Zip Code 28031	25.00
Purpose of Disbursement BANK SERVICE FEE		Category/ Type	Transaction ID : SB17.1754
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AQUESTA BANK</b>		Date of Disbursement M M D D Y Y 04 16 2014	
Mailing Address 19510 JETTON RD		Amount of Each Disbursement this Period	
City CORNELIUS	State NC	Zip Code 28031	25.00
Purpose of Disbursement BANK SERVICE FEE		Category/ Type	Transaction ID : SB17.1790
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BELLWETHER CONSULTING GROUP</b>		Date of Disbursement M M D D Y Y 04 16 2014	
Mailing Address 1737 H ST, NW		Amount of Each Disbursement this Period	
City WASHINGTON	State DC	Zip Code 20006	4318.62
Purpose of Disbursement FUNDRAISING CONSULTING, TRANSPORTATION		Category/ Type	Transaction ID : SB17.1795
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4368.62
<b>TOTAL</b> This Period (last page this line number only).....	

1402033407A

**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)

<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M U U Y Y 04 03 2014	
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period	
City TYSONS CORNER	State VA	Zip Code 22182-2245	858.50
Purpose of Disbursement DATABASE SOFTWARE		Category/ Type	Transaction ID : SB17.I747
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M U U Y Y 04 03 2014	
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period	
City TYSONS CORNER	State VA	Zip Code 22182-2245	858.50
Purpose of Disbursement DATABASE SOFTWARE		Category/ Type	Transaction ID : SB17.I750
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DIVISION OF EMPLOYMENT SECURITY</b>		Date of Disbursement M M U U Y Y 04 02 2014	
Mailing Address P.O. BOX 25903		Amount of Each Disbursement this Period	
City RALEIGH	State NC	Zip Code 27611	735.00
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I748
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2452.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020334075

**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 61 OF 75

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. DOT THE I</b>		Date of Disbursement M M D D Y Y 04 14 2014	
Mailing Address 2814 GLENDALE RD		Amount of Each Disbursement this Period	
City CHARLOTTE	State NC	Zip Code 28209	3809.34
Purpose of Disbursement PRINTING SERVICES		Category/ Type	Transaction ID : SB17.I766
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>B. DOT THE I</b>		Date of Disbursement M M D D Y Y 04 16 2014	
Mailing Address 2814 GLENDALE RD		Amount of Each Disbursement this Period	
City CHARLOTTE	State NC	Zip Code 28209	600.00
Purpose of Disbursement PRINTING SERVICES		Category/ Type	Transaction ID : SB17.I798
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>C. ENERGY UNITED</b>		Date of Disbursement M M D D Y Y 04 08 2014	
Mailing Address P.O. BOX 1831		Amount of Each Disbursement this Period	
City STATESVILLE	State NC	Zip Code 28687	121.00
Purpose of Disbursement UTILITIES		Category/ Type	Transaction ID : SB17.I767
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:                  District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4530.34
<b>TOTAL</b> This Period (last page this line number only).....	\$ \$ *

14020334076

**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 62 OF 75
	<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. FEDEX OFFICE</b>		Date of Disbursement M M D D Y Y 04 07 2014
Mailing Address <b>942 S SHADY GROVE RD</b>		Amount of Each Disbursement this Period \$ , \$ * 40.21 <b>Transaction ID : SB17.I758</b>
City <b>MEMPHIS</b>	State <b>TN</b>	
Zip Code <b>38120-4117</b>		Category/ Type
Purpose of Disbursement <b>SHIPPING</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement M M D D Y Y 04 07 2014
Mailing Address <b>4035 ARENDELL ST</b>		Amount of Each Disbursement this Period \$ , \$ * 235.04 <b>Transaction ID : SB17.I761</b>
City <b>MOREHEAD CITY</b>	State <b>NC</b>	
Zip Code <b>28557</b>		Category/ Type
Purpose of Disbursement <b>LODGING</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement M M D D Y Y 04 07 2014
Mailing Address <b>4035 ARENDELL ST</b>		Amount of Each Disbursement this Period \$ , \$ * 235.04 <b>Transaction ID : SB17.I762</b>
City <b>MOREHEAD CITY</b>	State <b>NC</b>	
Zip Code <b>28557</b>		Category/ Type
Purpose of Disbursement <b>LODGING</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	510.29
<b>TOTAL</b> This Period (last page this line number only).....	\$ , \$ *

14020334077

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM DD YY 04 14 2014	
Mailing Address 4035 ARENDELL ST		Amount of Each Disbursement this Period	
City MOREHEAD CITY	State NC	Zip Code 28557	130.90
Purpose of Disbursement LODGING		Category/ Type	Transaction ID : SB17.I783
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN</b>		Date of Disbursement MM DD YY 04 14 2014	
Mailing Address 4035 ARENDELL ST		Amount of Each Disbursement this Period	
City MOREHEAD CITY	State NC	Zip Code 28557	130.90
Purpose of Disbursement LODGING		Category/ Type	Transaction ID : SB17.I784
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HARRIS TEETER</b>		Date of Disbursement MM DD YY 04 01 2014	
Mailing Address 19815 N COVE RD		Amount of Each Disbursement this Period	
City CORNELIUS	State NC	Zip Code 28031-6445	47.58
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17.I745
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	309.38
<b>TOTAL</b> This Period (last page this line number only) .....	

14020334078

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS**

Date of Disbursement

Mailing Address 71 SOUTH WACKER DRIVE

M M J J Y Y  
04 14 2014

City State Zip Code  
CHICAGO IL 60606

Amount of Each Disbursement this Period

Purpose of Disbursement  
LODGING

315.52

Candidate Name

Category/  
Type

Transaction ID : SB17.I786

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

**B. HYATT HOTELS**

Date of Disbursement

Mailing Address 71 SOUTH WACKER DRIVE

M M J J Y Y  
04 14 2014

City State Zip Code  
CHICAGO IL 60606

Amount of Each Disbursement this Period

Purpose of Disbursement  
LODGING

329.00

Candidate Name

Category/  
Type

Transaction ID : SB17.I787

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

**C. LISELLA PUBLIC AFFAIRS, LLC**

Date of Disbursement

Mailing Address 1618 VILLAGE GLENN DR

M M J J Y Y  
04 16 2014

City State Zip Code  
RALEIGH NC 27612-4340

Amount of Each Disbursement this Period

Purpose of Disbursement  
DIRECT MAIL SERVICES

61079.21

Candidate Name

Category/  
Type

Transaction ID : SB17.I792

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... 61723.73

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

14020334079

**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)

<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. MDI IMAGING &amp; MAIL</b>		Date of Disbursement M M D D Y Y 04 16 2014
Mailing Address 21955 CASCADES PKWY		Amount of Each Disbursement this Period 2123.09 <b>Transaction ID : SB17.I800</b>
City DULLES	State VA	
Zip Code 20166-9211	Purpose of Disbursement DIRECT MAIL SERVICES	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) <b>B. NORTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement M M D D Y Y 04 04 2014
Mailing Address POST OFFICE BOX 25000		Amount of Each Disbursement this Period 1004.00 <b>Transaction ID : SB17.I753</b>
City RALEIGH	State NC	
Zip Code 27640	Purpose of Disbursement PAYROLL TAXES	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) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M D D Y Y 04 14 2014
Mailing Address 9530 BIRKDALE CROSSING DR		Amount of Each Disbursement this Period 163.37 <b>Transaction ID : SB17.I785</b>
City HUNTERSVILLE	State NC	
Zip Code 28078	Purpose of Disbursement OFFICE SUPPLIES	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3290.46
<b>TOTAL</b> This Period (last page this line number only).....	

14020334080

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. ONMESSAGE, INC.</b>		Date of Disbursement M M D D Y Y <b>04 04 2014</b>	
Mailing Address <b>705 MELVIN AVE. #105</b>		Amount of Each Disbursement this Period	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>	<b>25225.10</b>
Purpose of Disbursement <b>ADVERTISING</b>		Category/ Type	<b>Transaction ID : SB17.I757</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ONMESSAGE, INC.</b>		Date of Disbursement M M D D Y Y <b>04 04 2014</b>	
Mailing Address <b>705 MELVIN AVE. #105</b>		Amount of Each Disbursement this Period	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>	<b>250000.00</b>
Purpose of Disbursement <b>ADVERTISING</b>		Category/ Type	<b>Transaction ID : SB17.I777</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PACIFIC FUNDRAISING GROUP</b>		Date of Disbursement M M D D Y Y <b>04 08 2014</b>	
Mailing Address <b>3705 GRATIA AVE</b>		Amount of Each Disbursement this Period	
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95821</b>	<b>3326.23</b>
Purpose of Disbursement <b>FUNDRAISING CONSULTING, MILEAGE, AIRFARE</b>		Category/ Type	<b>Transaction ID : SB17.I768</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>278551.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020334081

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. PIEDMONT NATURAL GAS</b>		Date of Disbursement M M D D Y Y 04 16 2014	
Mailing Address P.O. BOX 660920		Amount of Each Disbursement this Period	
City DALLAS	State TX	Zip Code 75266	45.25
Purpose of Disbursement UTILITIES		Category/ Type	Transaction ID : SB17.I801
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PIRYX, INC.</b>		Date of Disbursement M M D D Y Y 04 16 2014	
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period	
City SAN FRANCISCO	State CA	Zip Code 94105	1826.58
Purpose of Disbursement MERCHANT SERVICES		Category/ Type	Transaction ID : SB17.I808
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PRECISION MARKETING, INC.</b>		Date of Disbursement M M D D Y Y 04 08 2014	
Mailing Address P.O. BOX 7670		Amount of Each Disbursement this Period	
City ARLINGTON	State VA	Zip Code 22207	1781.12
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type	Transaction ID : SB17.I769
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3652.95
<b>TOTAL</b> This Period (last page this line number only).....	

14020334082

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. PRECISION MARKETING, INC.</b>		Date of Disbursement M M D D Y Y Y 04 16 2014
Mailing Address P.O. BOX 7670		Amount of Each Disbursement this Period 1787.04 Transaction ID : SB17.I802
City ARLINGTON	State VA	
Zip Code 22207	Purpose of Disbursement DIRECT MAIL SERVICES	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) <b>B. ROCKETBASE SOLUTIONS</b>		Date of Disbursement M M D D Y Y Y 04 08 2014
Mailing Address 2465 CENTREVILLE RD STE J17-719		Amount of Each Disbursement this Period 5164.00 Transaction ID : SB17.I763
City HERNDON	State VA	
Zip Code 20171	Purpose of Disbursement DATABASE SOFTWARE	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) <b>C. STAPLES</b>		Date of Disbursement M M D D Y Y Y 04 14 2014
Mailing Address 10031 BIDDICK LN		Amount of Each Disbursement this Period 109.35 Transaction ID : SB17.I782
City HUNTERSVILLE	State NC	
Zip Code 28078-8705	Purpose of Disbursement OFFICE SUPPLIES	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7060.39
<b>TOTAL</b> This Period (last page this line number only).....	

14020334083

**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 69 OF 75

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
Thom Tillis Committee

Full Name (Last, First, Middle Initial) <b>A. THE DUKE MANSION</b>		Date of Disbursement M M D D Y Y 04 16 2014
Mailing Address 400 HERMITAGE RD		Amount of Each Disbursement this Period \$ 5696.35 Transaction ID : SB17.I803
City CHARLOTTE	State NC	
Zip Code 28207	Purpose of Disbursement CATERING	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) <b>B. THE STONERIDGE GROUP, LLC</b>		Date of Disbursement M M D D Y Y 04 01 2014
Mailing Address 4400 N POINT PKWY SUITE 190		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB17.I743
City ALPHARETTA	State GA	
Zip Code 30022-2472	Purpose of Disbursement ONLINE/SOCIAL MEDIA SERVICES	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) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement M M D D Y Y 04 11 2014
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period \$ 18.87 Transaction ID : SB17.I778
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$	\$	8215.22
<b>TOTAL</b> This Period (last page this line number only).....	\$	\$	

14020334084

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)

**A. UNDO'S CATERING**

Date of Disbursement

Mailing Address 51130 NATIONAL RD E

MM DD YY  
04 08 2014

City State Zip Code  
ST CLAIRSVILLE OH 43950

Amount of Each Disbursement this Period

Purpose of Disbursement  
CATERING

2054.20

Candidate Name

Transaction ID : SB17.I770

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Date of Disbursement

Mailing Address 4000 E SKY HARBOR BLVD

MM DD YY  
04 02 2014

City State Zip Code  
PHOENIX AZ 85034-3802

Amount of Each Disbursement this Period

Purpose of Disbursement  
AIRFARE

428.50

Candidate Name

Transaction ID : SB17.I746

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Date of Disbursement

Mailing Address 4000 E SKY HARBOR BLVD

MM DD YY  
04 10 2014

City State Zip Code  
PHOENIX AZ 85034-3802

Amount of Each Disbursement this Period

Purpose of Disbursement  
AIRFARE

212.00

Candidate Name

Transaction ID : SB17.I773

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

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

2694.70

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

14020334085

**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 71 OF 75

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Date of Disbursement

Mailing Address 4000 E SKY HARBOR BLVD

MM DD YY  
04 10 2014

City PHOENIX State AZ Zip Code 85034-3802

Amount of Each Disbursement this Period

Purpose of Disbursement  
AIRFARE

316.00  
Transaction ID : SB17.I774

Candidate Name

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Date of Disbursement

Mailing Address 4000 E SKY HARBOR BLVD

MM DD YY  
04 11 2014

City PHOENIX State AZ Zip Code 85034-3802

Amount of Each Disbursement this Period

Purpose of Disbursement  
AIRFARE

694.00  
Transaction ID : SB17.I779

Candidate Name

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Date of Disbursement

Mailing Address 4000 E SKY HARBOR BLVD

MM DD YY  
04 16 2014

City PHOENIX State AZ Zip Code 85034-3802

Amount of Each Disbursement this Period

Purpose of Disbursement  
AIRFARE

739.00  
Transaction ID : SB17.I791

Candidate Name

Category/  
Type

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... 1749.00

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

14020334086

**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 72 OF 75

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)

**A. US DEPARTMENT OF THE TREASURY**

Date of Disbursement

M M D D Y Y  
04 04 2014

Mailing Address 1500 PENNSYLVANIA AVE NW

Amount of Each Disbursement this Period

City State Zip Code  
WASHINGTON DC 20220-0001

5450.76

Purpose of Disbursement  
PAYROLL TAXES

Transaction ID : SB17.I755

Candidate Name

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

**B. US DEPARTMENT OF THE TREASURY**

Date of Disbursement

M M D D Y Y  
04 04 2014

Mailing Address 1500 PENNSYLVANIA AVE NW

Amount of Each Disbursement this Period

City State Zip Code  
WASHINGTON DC 20220-0001

195.00

Purpose of Disbursement  
PAYROLL TAXES

Transaction ID : SB17.I756

Candidate Name

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... 5645.76

**TOTAL** This Period (last page this line number only) ..... 399180.48

14020334087

**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)

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

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. ALEX DEATON</b>		Date of Disbursement MM DD YY <b>04 15 2014</b>
Mailing Address <b>3900 SILVER BELL DR</b>		Amount of Each Disbursement this Period  <b>2600.00</b> <b>Transaction ID : SB20A.I788</b>
City <b>CHARLOTTE</b>	State <b>NC</b> Zip Code <b>28211</b>	
Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	Candidate Name  Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM DD YY
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		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM DD YY
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		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2600.00</b>

14020334088

**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)

<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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial) <b>A. MECKLENBURG COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M U U Y Y <b>04 09 2014</b>
Mailing Address <b>500 E MOREHEAD ST STE 104</b>		Amount of Each Disbursement this Period  <b>4000.00</b>
City <b>CHARLOTTE</b> State <b>NC</b> Zip Code <b>28202</b>	Transaction ID : <b>SB21.I771</b>	
Purpose of Disbursement <b>NON-FEDERAL DONATION</b>		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) <b>B.</b>		Date of Disbursement M
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) <b>C.</b>		Date of Disbursement M
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4000.00</b>

14020334089

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 75 OF 75

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full) **Thom Tillis Committee** Transaction ID : **0000001**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Thom Tillis** **[PERSONAL FUNDS]** Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 2489

City State ZIP Code  
**CORNELIUS NC 28031** PERSONAL FUNDS

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 <sup>M</sup> 30 <sup>D</sup> 2013	ON DEMAND	0.00 % (apr)	<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).....	▶	250000.00
<b>TOTALS</b> This Period (last page in this line only)...	▶	250000.00

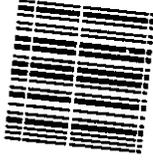
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020334090

Tillis Committee 402033403  
x 97396  
h, NC 27624



7013 3020 0001 6792 0454



101

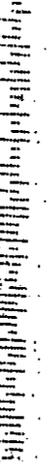
20013

U.S. POSTAGE  
PAID  
RALEIGH, NC  
27615  
MFR 2114  
AMOUNT  
**\$6.80**  
00033587-1



**SCREENED  
BY THE SENATE  
POST OFFICE**

Senate Office of Public Records  
P.O. Box 77578  
Washington, DC 20013-7578



CY ERICKSON  
SECRETARY

NA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE B1  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark **4-21-14**

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DBL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

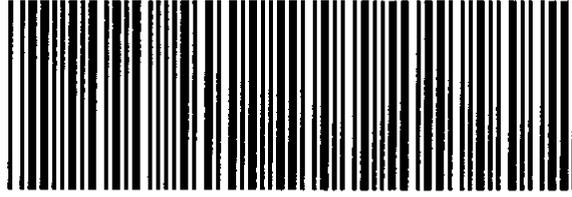
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-24-14**

14020334092



SEN PATCH



SEN PATCH

14020334093