

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Walker 4 NC

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	39265.16	589119.04
(b) Total Contribution Refunds (from Line 20(d))	30.00	730.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39235.16	588389.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	52437.69	393986.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16740.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52437.69	377245.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	279224.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Walker 4 NC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13575.00	302971.57
(ii) Unitemized.....	660.16	24840.59
(iii) TOTAL of contributions from individuals ▶	14235.16	327812.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25030.00	261306.88
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	39265.16	589119.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	16740.88
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)..... ▶	39265.16	605859.92

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52437.69	393986.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30.00	530.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	30.00	730.00
21. OTHER DISBURSEMENTS	275.00	7624.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	52742.69	402341.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	292702.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	39265.16
25. SUBTOTAL (add Line 23 and Line 24).....	331967.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52742.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	279224.70

**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 5 OF 70
	<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	

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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Michael L Adams

Mailing Address 7102 Lentz Ct

City Summerfield State NC Zip Code 27358

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

Name of Employer Rotam Nor Am, Inc. Occupation Marketing Director

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11AI.12474

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark Bissette

Mailing Address 56 Creswell Ct

City Greensboro State NC Zip Code 27407

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

Name of Employer Lorillard Tobacco Co Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.12647

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Frank Brenner

Mailing Address 1700 Granville Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Atlantic Scrap & Processing Occupation President

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.12494

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Tara Burgid-Wheelihan

Mailing Address 7303 Hepatica Lane

City Summerfiled State NC Zip Code 27358

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

Name of Employer Self-Employed Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12616

Amount of Each Receipt this Period
 -2100.00

Memo Item
 Redesignation from 10/2/15 - Manually Entered Due to FECFile Error

B. Full Name (Last, First, Middle Initial)
Tara Burgid-Wheelihan

Mailing Address 7303 Hepatica Lane

City Summerfiled State NC Zip Code 27358

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

Name of Employer Self-Employed Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12618

Amount of Each Receipt this Period
 2100.00

Memo Item
 Redesignation from 10/2/15 - Manually Entered Due to FECFile Error

C. Full Name (Last, First, Middle Initial)
James G Burgio

Mailing Address 5409 Mecklenburg Rd

City Greensboro State NC Zip Code 27407

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

Name of Employer Advanced Technology Inc Occupation Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.10166

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
James G Burgio

Mailing Address 5409 Mecklenburg Rd

City Greensboro State NC Zip Code 27407

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

Name of Employer: Advanced Technology Inc Occupation: Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.12497

Amount of Each Receipt this Period
 -2700.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
James G Burgio

Mailing Address 5409 Mecklenburg Rd

City Greensboro State NC Zip Code 27407

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

Name of Employer: Advanced Technology Inc Occupation: Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12498

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated:

C. Full Name (Last, First, Middle Initial)
Linda G Burgio

Mailing Address 6409 Mecklenburg Rd

City Greensboro State NC Zip Code 27407

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.10164

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Linda G Burgio

Mailing Address 6409 Mecklenburg Rd

City Greensboro State NC Zip Code 27407

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.12500

Amount of Each Receipt this Period
 -2700.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Linda G Burgio

Mailing Address 6409 Mecklenburg Rd

City Greensboro State NC Zip Code 27407

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12501

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Roy Carroll

Mailing Address PO Box 9846

City Greensboro State NC Zip Code 27429

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

Name of Employer The Carroll Companies Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.11054

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Roy Carroll

Mailing Address **PO Box 9846**

City **Greensboro** State **NC** Zip Code **27429**

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

Name of Employer **The Carroll Companies** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.12503

Amount of Each Receipt this Period
 _____ **-2700.00**

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Roy Carroll

Mailing Address **PO Box 9846**

City **Greensboro** State **NC** Zip Code **27429**

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

Name of Employer **The Carroll Companies** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12504

Amount of Each Receipt this Period
 _____ **2700.00**

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
David Cooper

Mailing Address **203 Trinity Drive**

City **Elon** State **NC** Zip Code **27244**

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

Name of Employer **HUB International** Occupation **Insurance Sales**

Receipt For: 2016
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Transaction ID : SA11AI.12581

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

Memo Item

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

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

_____ **500.00**

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Alan H Crouch

Mailing Address 2916 Forestdale Drive

City Burlington State NC Zip Code 27215

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

Name of Employer HUB International Occupation Insurance Sales

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.12583

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wanda M Curley

Mailing Address 5306 Cardinal Way

City Greensboro State NC Zip Code 27410

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

Name of Employer Autism Society of NC Occupation Parent Advocate / Trainer

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2016

Transaction ID : SA11AI.12769

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Clay M Custer

Mailing Address 301 Montebello Drive

City Greenville State SC Zip Code 29609

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

Name of Employer Womble Carlyle Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.11099

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 600.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Clay M Custer

Mailing Address 301 Montebello Drive

City State Zip Code
Greenville SC 29609

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

Name of Employer Occupation
Womble Carlyle Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.12506

Amount of Each Receipt this Period
 -1000.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Clay M Custer

Mailing Address 301 Montebello Drive

City State Zip Code
Greenville SC 29609

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

Name of Employer Occupation
Womble Carlyle Attorney

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 04 2016

Transaction ID : SA11AI.12507

Amount of Each Receipt this Period
 1000.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Louis DeJoy

Mailing Address 806 Country Club Dr

City State Zip Code
Greensboro NC 27408

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

Name of Employer Occupation
Logistics Supply Chain, Inc. CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 03 2015

Transaction ID : SA11AI.11103

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 12 OF 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Louis DeJoy

Mailing Address 806 Country Club Dr

City Greensboro State NC Zip Code 27408

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

Name of Employer Logistics Supply Chain, Inc. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11AI.12509

Amount of Each Receipt this Period
 -2700.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Louis DeJoy

Mailing Address 806 Country Club Dr

City Greensboro State NC Zip Code 27408

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

Name of Employer Logistics Supply Chain, Inc. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12510

Amount of Each Receipt this Period
 2700.00

Memo Item
 Redesignated

C. Full Name (Last, First, Middle Initial)
Tina Forsberg

Mailing Address 2 Hillwind Ct

City Greensboro State NC Zip Code 27408

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 605.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : SA11AI.12576

Amount of Each Receipt this Period
 25.00

Memo Item

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

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Louise H Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville, NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.10795

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Louise H Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville, NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.12512

Amount of Each Receipt this Period
 -2700.00

Memo Item
Redesignate:

C. Full Name (Last, First, Middle Initial)
Louise H Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville, NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12513

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Phil R Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 30 2015

Transaction ID : SA11AI.10794

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Phil R Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 30 2015

Transaction ID : SA11AI.12515

Amount of Each Receipt this Period
 -1000.00

Memo Item
Redesignate:

C. Full Name (Last, First, Middle Initial)
Phil R Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 30 2015

Transaction ID : SA11AI.10864

Amount of Each Receipt this Period
 1700.00

Memo Item

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

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

0.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Phil R Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.12518

Amount of Each Receipt this Period
 -1700.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Phil R Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12516

Amount of Each Receipt this Period
 1000.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Phil R Graham

Mailing Address 3980 Bittle Rd

City State Zip Code
Gibsonville NC 27249

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12519

Amount of Each Receipt this Period
 1700.00

Memo Item
Redesignated

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

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

0.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
James Groce

Mailing Address 806 Northern Shores Lane

City Greensboro State NC Zip Code 27455

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

Name of Employer Campbell Univ. College of Phar Occupation Professor of Pharmacy

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2016

Transaction ID : SA11AI.12485

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James Groce

Mailing Address 806 Northern Shores Lane

City Greensboro State NC Zip Code 27455

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

Name of Employer Campbell Univ. College of Phar Occupation Professor of Pharmacy

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2016

Transaction ID : SA11AI.12464

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
James Groce

Mailing Address 806 Northern Shores Lane

City Greensboro State NC Zip Code 27455

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

Name of Employer Campbell Univ. College of Phar Occupation Professor of Pharmacy

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12628

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

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

_____ 400.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
James Groce

Mailing Address 806 Northern Shores Lane

City Greensboro State NC Zip Code 27455

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

Name of Employer Campbell Univ. College of Phar Occupation Professor of Pharmacy

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2016

Transaction ID : SA11AI.12770

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lynn M Guthrie

Mailing Address 7 Orchard Grass Ct

City Greensboro State NC Zip Code 27410

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **470.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.12771

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nancy Ham

Mailing Address 4 Deerwood Court

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **2750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.12643

Amount of Each Receipt this Period
2670.00

Memo Item

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

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

3020.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Nancy Ham

Mailing Address **4 Deerwood Court**

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2780.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.12772

Amount of Each Receipt this Period
30.00

Memo Item

B. Full Name (Last, First, Middle Initial)
William James

Mailing Address **417 Piedmont Street**

City Reidsville State NC Zip Code 27320

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11AI.12638

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address **223 Oakmont Dr**

City Advance State NC Zip Code 27006

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.10748

Amount of Each Receipt this Period
500.00

Memo Item

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

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

280.00

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

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

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

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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City State Zip Code
 Advance NC 27006

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

Name of Employer Occupation
 Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 28 2015

Transaction ID : SA11AI.12521

Amount of Each Receipt this Period
 -500.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City State Zip Code
 Advance NC 27006

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

Name of Employer Occupation
 Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 18 2016

Transaction ID : SA11AI.11930

Amount of Each Receipt this Period
 30.00

Memo Item
 Redesignate:

C. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City State Zip Code
 Advance NC 27006

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

Name of Employer Occupation
 Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 18 2016

Transaction ID : SA11AI.12524

Amount of Each Receipt this Period
 -30.00

Memo Item
 Redesignate:

SUBTOTAL of Receipts This Page (optional)..... 0.00

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

**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 20 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City Advance State NC Zip Code 27006

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.12067

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City Advance State NC Zip Code 27006

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.12527

Amount of Each Receipt this Period
 -500.00

Memo Item
 Redesignate:

C. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City Advance State NC Zip Code 27006

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12522

Amount of Each Receipt this Period
 500.00

Memo Item
 Redesignated

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 21 OF 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City State Zip Code
Advance NC 27006

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12525

Amount of Each Receipt this Period
 _____ 30.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
Cheryl L Kingman

Mailing Address 223 Oakmont Dr

City State Zip Code
Advance NC 27006

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12528

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Gil Kingman

Mailing Address 223 Oakmont Dr

City State Zip Code
Advance NC 27006

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

Name of Employer Occupation
Forsyth Plastic Surgery Plastic Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.10750

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

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

_____ 0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Gil Kingman

Mailing Address 223 Oakmont Dr

City: Advance State: NC Zip Code: 27006

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

Name of Employer: Forsyth Plastic Surgery Occupation: Plastic Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.12530

Amount of Each Receipt this Period
 _____ -500.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Gil Kingman

Mailing Address 223 Oakmont Dr

City: Advance State: NC Zip Code: 27006

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

Name of Employer: Forsyth Plastic Surgery Occupation: Plastic Surgeon

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12531

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
David M Kuratnick

Mailing Address 1812 Nottingham Rd

City: Greensboro State: NC Zip Code: 27408

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.10894

Amount of Each Receipt this Period
 _____ 800.00

Memo Item

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

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

_____ 0.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
David M Kuratnick

Mailing Address 1812 Nottingham Rd

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.12533

Amount of Each Receipt this Period
 -800.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
David M Kuratnick

Mailing Address 1812 Nottingham Rd

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.11333

Amount of Each Receipt this Period
 1500.00

Memo Item
 Redesignate:

C. Full Name (Last, First, Middle Initial)
David M Kuratnick

Mailing Address 1812 Nottingham Rd

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.12536

Amount of Each Receipt this Period
 -1500.00

Memo Item
 Redesignate:

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

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

0.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
David M Kuratnick

Mailing Address 1812 Nottingham Rd

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12534

Amount of Each Receipt this Period
 800.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
David M Kuratnick

Mailing Address 1812 Nottingham Rd

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12537

Amount of Each Receipt this Period
 1500.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Sarah G Kuratnick

Mailing Address 1812 Nottingham Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.10866

Amount of Each Receipt this Period
 300.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 25 OF 70
(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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Sarah G Kuratnick

Mailing Address 1812 Nottingham Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.12539

Amount of Each Receipt this Period
 -300.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Sarah G Kuratnick

Mailing Address 1812 Nottingham Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.11334

Amount of Each Receipt this Period
 1500.00

Memo Item
 Redesignate:

C. Full Name (Last, First, Middle Initial)
Sarah G Kuratnick

Mailing Address 1812 Nottingham Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.12542

Amount of Each Receipt this Period
 -1500.00

Memo Item
 Redesignate:

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

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

0.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Sarah G Kuratnick

Mailing Address 1812 Nottingham Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12540

Amount of Each Receipt this Period
 300.00

Memo Item
 Redesignated

B. Full Name (Last, First, Middle Initial)
Sarah G Kuratnick

Mailing Address 1812 Nottingham Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12543

Amount of Each Receipt this Period
 1500.00

Memo Item
 Redesignated

C. Full Name (Last, First, Middle Initial)
Janice Maness

Mailing Address 7375 Doggett Rd

City Browns Summit State NC Zip Code 27214

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 2026.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11AI.12473

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 70
	<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	

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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Matt McGinley

Mailing Address 2503-D N Harrison St

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: Advanced Policy Consulting, LL Occupation: Principal

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 09 / 2016

Transaction ID : SA11AI.12639

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard Nester

Mailing Address 5807 Stanley Huff Rd

City: Summer Field State: NC Zip Code: 27358

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

Name of Employer: Tri-City Mechanical Contractor Occupation: President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: 10 / 26 / 2015

Transaction ID : SA11AI.11079

Amount of Each Receipt this Period: 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard Nester

Mailing Address 5807 Stanley Huff Rd

City: Summer Field State: NC Zip Code: 27358

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

Name of Employer: Tri-City Mechanical Contractor Occupation: President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: 10 / 26 / 2015

Transaction ID : SA11AI.12545

Amount of Each Receipt this Period: -2700.00

Memo Item
Redesignate:

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Richard Nester

Mailing Address 5807 Stanley Huff Rd

City Summer Field	State NC	Zip Code 27358
----------------------	-------------	-------------------

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

Name of Employer Tri-City Mechanical Contractor	Occupation President
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12546

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
Richard Parker

Mailing Address 5908 Founders Drive

City Greensboro	State NC	Zip Code 27410
--------------------	-------------	-------------------

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

Name of Employer Columbia Forest Products	Occupation Controller
--	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.12487

Amount of Each Receipt this Period
 2200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robin J Parker

Mailing Address 5908 Founders Dr

City Greensboro	State NC	Zip Code 27410
--------------------	-------------	-------------------

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

Name of Employer Apple, Koceja & Assoc., CPAs	Occupation Accountant
--	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
3320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.12492

Amount of Each Receipt this Period
 2200.00

Memo Item

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

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

4400.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Gudigopuram Bhaskar Reddy

Mailing Address 3727 Sage Drive

City Greensboro State NC Zip Code 27410

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

Name of Employer North Carolina A&T University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.12648

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Risa P Spradling

Mailing Address 3603 Summit Lakes Drive

City Browns Summit State NC Zip Code 27214

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11AI.10466

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Risa P Spradling

Mailing Address 3603 Summit Lakes Drive

City Browns Summit State NC Zip Code 27214

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11AI.12548

Amount of Each Receipt this Period
 -2700.00

Memo Item
 Redesignate:

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

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

500.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Risa P Spradling

Mailing Address 3603 Summit Lakes Drive

City Browns Summit State NC Zip Code 27214

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12549

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
Sumner Spradling

Mailing Address 3603 Summit Lakes Drive

City Browns Summit State NC Zip Code 27214

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11AI.10468

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sumner Spradling

Mailing Address 3603 Summit Lakes Drive

City Browns Summit State NC Zip Code 27214

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11AI.12551

Amount of Each Receipt this Period
 -2700.00

Memo Item
Redesignate:

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

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

0.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Sumner Spradling

Mailing Address 3603 Summit Lakes Drive

City State Zip Code
Browns Summit NC 27214

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12552

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
Eric P Thomsson

Mailing Address 4 Seabrook Court

City State Zip Code
Greensboro NC 27455

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

Name of Employer Occupation
Brookside Veneers Self-Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.11277

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Eric P Thomsson

Mailing Address 4 Seabrook Court

City State Zip Code
Greensboro NC 27455

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

Name of Employer Occupation
Brookside Veneers Self-Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.12554

Amount of Each Receipt this Period
 -250.00

Memo Item
Redesignate:

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

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

0.00

**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 70
(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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Eric P Thomsson

Mailing Address 4 Seabrook Court

City Greensboro State NC Zip Code 27455

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

Name of Employer Brookside Veneers Occupation Self-Employed

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12555

Amount of Each Receipt this Period
 250.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
Matthew K Tsuei

Mailing Address 18 Winterberry Ct

City Greensboro State NC Zip Code 27455

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

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 12 / 2015

Transaction ID : SA11AI.11058

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Matthew K Tsuei

Mailing Address 18 Winterberry Ct

City Greensboro State NC Zip Code 27455

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

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 12 / 2015

Transaction ID : SA11AI.12557

Amount of Each Receipt this Period
 -2700.00

Memo Item
Redesignate:

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Matthew K Tsuei

Mailing Address 18 Winterberry Ct

City Greensboro State NC Zip Code 27455

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

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12558

Amount of Each Receipt this Period
 2700.00

Memo Item Redesignated

B. Full Name (Last, First, Middle Initial)
Raymond Ted Vanhoy III

Mailing Address 5698 Green Dale Ct

City Summerfield State NC Zip Code 27358

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

Name of Employer RF Micro Devices Occupation Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : SA11AI.11175

Amount of Each Receipt this Period
 650.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Raymond Ted Vanhoy III

Mailing Address 5698 Green Dale Ct

City Summerfield State NC Zip Code 27358

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

Name of Employer RF Micro Devices Occupation Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : SA11AI.12560

Amount of Each Receipt this Period
 -650.00

Memo Item Redesignate:

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

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

0.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Raymond Ted Vanhoy III

Mailing Address 5698 Green Dale Ct

City Summerfield State NC Zip Code 27358

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

Name of Employer RF Micro Devices Occupation Engineer

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12561

Amount of Each Receipt this Period
 _____ 650.00

Memo Item
Redesignated

B. Full Name (Last, First, Middle Initial)
Michele F Wagoner

Mailing Address 1209 Mosley Rd

City Greensboro State NC Zip Code 27455

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

Name of Employer Bryan Wagoner Tree Farm Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.12644

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Donald Wendelken

Mailing Address 3406 Windswept Dr

City Summerfield State NC Zip Code 27358

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

Name of Employer Self-Employed Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.12179

Amount of Each Receipt this Period
 _____ 1300.00

Memo Item

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

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

_____ 500.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Donald Wendelken

Mailing Address 3406 Windswept Dr

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Self-Employed Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 07 2016

Transaction ID : SA11AI.12563

Amount of Each Receipt this Period
 -1300.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Donald Wendelken

Mailing Address 3406 Windswept Dr

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Self-Employed Manager

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 04 2016

Transaction ID : SA11AI.12564

Amount of Each Receipt this Period
 1300.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Mark Wheelihan

Mailing Address 7303 Hepatica Lane

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Harley Davidson of Greensboro Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 05 2015

Transaction ID : SA11AI.10867

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Mark Wheelihan

Mailing Address 7303 Hepatica Lane

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Harley Davidson of Greensboro Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 05 2015

Transaction ID : SA11AI.12566

Amount of Each Receipt this Period
 -2700.00

Memo Item
Redesignate:

B. Full Name (Last, First, Middle Initial)
Mark Wheelihan

Mailing Address 7303 Hepatica Lane

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Harley Davidson of Greensboro Owner

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 04 2016

Transaction ID : SA11AI.12567

Amount of Each Receipt this Period
 2700.00

Memo Item
Redesignated

C. Full Name (Last, First, Middle Initial)
Jacqueline Taylor Wieland

Mailing Address 5010 Warm Spring Point

City State Zip Code
Grensboro NC 27455

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

Name of Employer Occupation
Stifel First Vice President - Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 03 2015

Transaction ID : SA11AI.11107

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 70
	<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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Jacqueline Taylor Wieland

Mailing Address 5010 Warm Spring Point

City Grensboro State NC Zip Code 27455

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

Name of Employer Stifel Occupation First Vice President - Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11AI.12569

Amount of Each Receipt this Period
 -2700.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Jacqueline Taylor Wieland

Mailing Address 5010 Warm Spring Point

City Grensboro State NC Zip Code 27455

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

Name of Employer Stifel Occupation First Vice President - Investments

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12570

Amount of Each Receipt this Period
 2700.00

Memo Item
 Redesignated

C. Full Name (Last, First, Middle Initial)
Susan Woods

Mailing Address 7706 E Pepper Ct

City Oak Ridge State NC Zip Code 27310

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016

Transaction ID : SA11AI.12486

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 70
(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)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Aldona A Wos MD

Mailing Address 806 Country Club Drive

City Greensoboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.11138

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Aldona A Wos MD

Mailing Address 806 Country Club Drive

City Greensoboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.12572

Amount of Each Receipt this Period
 -2700.00

Memo Item
 Redesignate:

C. Full Name (Last, First, Middle Initial)
Aldona A Wos MD

Mailing Address 806 Country Club Drive

City Greensoboro State NC Zip Code 27408

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12573

Amount of Each Receipt this Period
 2700.00

Memo Item
 Redesignated

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

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

0.00

13575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walker 4 NC

Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

A. Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11C.12658

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT PAT TILLMAN

Mailing Address 105 HOMEWOOD AVENUE

City State Zip Code
GREENSBORO NC 27403

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date 30.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11C.12478

Amount of Each Receipt this Period
 30.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE PROMISES PAC

Mailing Address 1919 OXMOOR RD #241

City State Zip Code
HOMEWOOD AL 35209

FEC ID number of contributing federal political committee. **C** C00585893

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11C.12481

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3530.00
TOTAL This Period (last page this line number only).....	

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11C.12774

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOHNSON FOR SHERIFF ELECTION COMMITTEE

Mailing Address PO Box 1446

City Graham State NC Zip Code 27253

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.12468

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.12466

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 70
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address **175 BERKELEY STREET**

City **BOSTON** State **MA** Zip Code **02117**

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11C.12623

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **2121 CRYSTAL DRIVE
SUITE 100**

City **ARLINGTON** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SA11C.12483

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **51 MADISON AVENUE
ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11C.12625

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
TARGET CORP. CITIZENS POLITICAL FORUM (TARGETCITIZENS POLITICAL FORUM)

Mailing Address 1000 NICOLLET MALL
TPN 1101

City State Zip Code
MINNEAPOLIS MN 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11C.12626

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TEXAS REPUBLICANS UNITED POLITICAL ACTION COMMITTEE (TRU PAC)

Mailing Address 815-A BRAZOS STREET
PMB 229

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C** C00481531

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : SA11C.12469

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : SA11C.12586

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11C.12578

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TRULIANT FCU PAC

Mailing Address 3200 TRULIANT WAY

City WINSTON SALEM State NC Zip Code 27103

FEC ID number of contributing federal political committee. **C** C00326132

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11C.12776

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11C.12654

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

3500.00

25030.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 4333 Amon Carter Blvd			Amount of Each Disbursement this Period 337.10
City Fort Worth	State TX	Zip Code 76155	
Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12589
State: District:			

Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 4333 Amon Carter Blvd			Amount of Each Disbursement this Period 642.20
City Fort Worth	State TX	Zip Code 76155	
Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12688
State: District:			

Full Name (Last, First, Middle Initial) C. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 4333 Amon Carter Blvd			Amount of Each Disbursement this Period 315.10
City Fort Worth	State TX	Zip Code 76155	
Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12715
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1294.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Anedot, Inc.		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 214 Third Street, Suite 2B		Amount of Each Disbursement this Period 3.52
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12731
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. Anedot, Inc.		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 214 Third Street, Suite 2B		Amount of Each Disbursement this Period 10.05
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12747
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot, Inc.		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 214 Third Street, Suite 2B		Amount of Each Disbursement this Period 22.07
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12763
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Anedot, Inc.		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 214 Third Street, Suite 2B		Amount of Each Disbursement this Period 16.11
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12764
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. Anedot, Inc.		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 214 Third Street, Suite 2B		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12765
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 31.00
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	51.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 28.30
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12721
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. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 1251 NW Briarcliff Pkwy STE 85		Amount of Each Disbursement this Period 10528.75
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12672
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 1251 NW Briarcliff Pkwy STE 85		Amount of Each Disbursement this Period 8910.55
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12736
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19467.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 201 West Market Street		Amount of Each Disbursement this Period 25.35
City Greensboro	State NC	
Zip Code 27401	Purpose of Disbursement Bank Service Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12690
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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 340.55
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12680
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 75.99
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12681
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	441.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Capitol Host Catering		Date of Disbursement MM / DD / YYYY 04 / 28 / 2016
Mailing Address Rayburn House Office Bldg		Amount of Each Disbursement this Period 435.98
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12703
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. CM&Co, LLC		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 1848.75
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12673
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CM&Co, LLC		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 1722.91
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12737
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4007.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Delta Air Lines Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 254.60
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12760
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. DHARMA MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address P.O. BOX 246		Amount of Each Disbursement this Period 102.23
City ALPHARETTA	State GA	
Zip Code 30009	Purpose of Disbursement Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12596
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DHARMA MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address P.O. BOX 246		Amount of Each Disbursement this Period 36.21
City ALPHARETTA	State GA	
Zip Code 30009	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12714
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	393.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Facebook			Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 1601 S California Ave			Amount of Each Disbursement this Period 69.61
City Palo Alto	State CA	Zip Code 94304	
Purpose of Disbursement Online Services		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12590
State: District:			

Full Name (Last, First, Middle Initial) B. Facebook			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 1601 S California Ave			Amount of Each Disbursement this Period 15.00
City Palo Alto	State CA	Zip Code 94304	
Purpose of Disbursement Advertising		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12710
State: District:			

Full Name (Last, First, Middle Initial) c. Family Service of Greensboro Foundation			Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 902 Bonner Dr			Amount of Each Disbursement this Period 500.00
City Jamestown	State NC	Zip Code 27282	
Purpose of Disbursement Donation, Sponsorship		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12667
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	584.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Zach Farmer		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 401 Havenwood Drive		Amount of Each Disbursement this Period 500.00
City Archdale	State NC	
Zip Code 27263	Purpose of Disbursement Field Representative	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12758
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. G-Partnership, LLC		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address PO Box 4425		Amount of Each Disbursement this Period 1118.00
City Greensboro	State NC	
Zip Code 27404	Purpose of Disbursement Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12738
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. G Graphics, Inc.		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address 811 Eula St, STE B		Amount of Each Disbursement this Period 1045.82
City Greensboro	State NC	
Zip Code 27403	Purpose of Disbursement Signs, Decals	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12674
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2663.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Google			Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 1600 Amphitheatre Pkwy			Amount of Each Disbursement this Period 60.00
City Mountain View	State CA	Zip Code 94043	
Purpose of Disbursement Online Services		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12594
State: District:			

Full Name (Last, First, Middle Initial) B. Google			Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 1600 Amphitheatre Pkwy			Amount of Each Disbursement this Period 60.33
City Mountain View	State CA	Zip Code 94043	
Purpose of Disbursement Online Services		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12717
State: District:			

Full Name (Last, First, Middle Initial) c. Greensboro Baseball			Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 408 Bellemeade Street			Amount of Each Disbursement this Period 480.00
City Greensboro	State NC	Zip Code 27401	
Purpose of Disbursement Donation, Sponsorship		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.12730
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	600.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Harris Teeter		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 3357 Battleground Ave		Amount of Each Disbursement this Period 62.63
City Greensboro	State NC	
Zip Code 27410	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12668
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. Harris Teeter		Date of Disbursement MM / DD / YYYY 04 / 27 / 2016
Mailing Address 3357 Battleground Ave		Amount of Each Disbursement this Period 24.71
City Greensboro	State NC	
Zip Code 27410	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12698
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Harris Teeter		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 3357 Battleground Ave		Amount of Each Disbursement this Period 21.72
City Greensboro	State NC	
Zip Code 27410	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12729
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	109.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Lucky 32			Date of Disbursement MM / DD / YYYY 04 / 04 / 2016		
Mailing Address 1421 Westover Terrace			Amount of Each Disbursement this Period 40.00		
City Greensboro	State NC	Zip Code 27408	<input type="checkbox"/> Memo Item Transaction ID : SB17.12593		
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:					

Full Name (Last, First, Middle Initial) B. NorthStar Campaign Systems, Inc.			Date of Disbursement MM / DD / YYYY 05 / 11 / 2016		
Mailing Address 11421 Davenport Street			Amount of Each Disbursement this Period 2567.96		
City Omaha	State NE	Zip Code 68154	<input type="checkbox"/> Memo Item Transaction ID : SB17.12739		
Purpose of Disbursement Phone 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) c. Office Depot			Date of Disbursement MM / DD / YYYY 04 / 08 / 2016		
Mailing Address 3018 High Point Rd			Amount of Each Disbursement this Period 393.88		
City Greensboro	State NC	Zip Code 27403	<input type="checkbox"/> Memo Item Transaction ID : SB17.12661		
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:					

SUBTOTAL of Disbursements This Page (optional).....	3001.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 3018 High Point Rd		Amount of Each Disbursement this Period 56.55
City Greensboro	State NC	
Zip Code 27403	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12689
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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 3018 High Point Rd		Amount of Each Disbursement this Period 75.76
City Greensboro	State NC	
Zip Code 27403	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12725
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Davis Pace		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 1741 A Street SE		Amount of Each Disbursement this Period 246.74
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12751
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	379.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Remington Research Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 1420 NW Vivion Road			Amount of Each Disbursement this Period 3200.00	
City Kansas City	State MO	Zip Code 64118	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Survey Services		<input type="checkbox"/> Category/Type		
Candidate Name			Transaction ID : SB17.12740	
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. Rody's Tavern			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 5105 Michaux Road			Amount of Each Disbursement this Period 40.00	
City Greensboro	State NC	Zip Code 27410	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food/Beverage		<input type="checkbox"/> Category/Type		
Candidate Name			Transaction ID : SB17.12592	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Katie Sessoms			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016	
Mailing Address 6507 Horseman Trl			Amount of Each Disbursement this Period 2500.00	
City Summerfield	State NC	Zip Code 27358	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Salary		<input type="checkbox"/> Category/Type		
Candidate Name			Transaction ID : SB17.12604	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	5740.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Katie Sessoms		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 6507 Horseman Trl		Amount of Each Disbursement this Period 2500.00
City Summerfield State NC Zip Code 27358	Purpose of Disbursement Management Consulting	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.12705
State: District:		

Full Name (Last, First, Middle Initial) B. Katie Sessoms		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 6507 Horseman Trl		Amount of Each Disbursement this Period 227.70
City Summerfield State NC Zip Code 27358	Purpose of Disbursement Mileage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.12755
State: District:		

Full Name (Last, First, Middle Initial) c. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 5700 6th Ave		Amount of Each Disbursement this Period 34.25
City Altoona State PA Zip Code 16602	Purpose of Disbursement Fuel	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.12679
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2761.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 5700 6th Ave		Amount of Each Disbursement this Period 17.75
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Fuel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12687
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. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 5700 6th Ave		Amount of Each Disbursement this Period 38.30
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Fuel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12726
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sirius XM		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 1221 Avenue of the Americas		Amount of Each Disbursement this Period 24.32
City New York City	State NY	
Zip Code 10020	Purpose of Disbursement Auto Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12595
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	80.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Sirius XM		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 1221 Avenue of the Americas		Amount of Each Disbursement this Period 24.31
City New York City	State NY	
Zip Code 10020	Purpose of Disbursement Auto Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12718
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. Springhill Suites		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address 1128 Ledsome Lane		Amount of Each Disbursement this Period 279.62
City Cary	State NC	
Zip Code 27511	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12599
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Springhill Suites		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address 1128 Ledsome Lane		Amount of Each Disbursement this Period 279.62
City Cary	State NC	
Zip Code 27511	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12603
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	583.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Springhill Suites			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016	
Mailing Address 1128 Ledsome Lane			Amount of Each Disbursement this Period 150.08	
City Cary	State NC	Zip Code 27511	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : SB17.12706	
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:	Category/Type		

Full Name (Last, First, Middle Initial) B. Springhill Suites			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016	
Mailing Address 1128 Ledsome Lane			Amount of Each Disbursement this Period 150.08	
City Cary	State NC	Zip Code 27511	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : SB17.12712	
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:	Category/Type		

Full Name (Last, First, Middle Initial) c. The Cannon Group, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 1001 Pennsylvania Avenue NW Suite 1300 N			Amount of Each Disbursement this Period 3000.00	
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Transaction ID : SB17.12598	
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:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	3300.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. The Cannon Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 1001 Pennsylvania Avenue NW Suite 1300 N		Amount of Each Disbursement this Period 3000.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12728
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. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 4642 W Market St		Amount of Each Disbursement this Period 10.95
City Greensboro	State NC	
Zip Code 27407	Purpose of Disbursement Shipping	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12601
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 200 Centreport Dr		Amount of Each Disbursement this Period 550.28
City Greensboro	State NC	
Zip Code 27409	Purpose of Disbursement Phone/Internet Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12741
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3561.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Tripps Restaurant			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016		
Mailing Address 1337 Winstead Pl			Amount of Each Disbursement this Period 202.00		
City Greensboro	State NC	Zip Code 27408	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Food/Beverage		Candidate Name	Transaction ID : SB17.12670		
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:		Category/Type			

Full Name (Last, First, Middle Initial) B. Tripps Restaurant			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016		
Mailing Address 1337 Winstead Pl			Amount of Each Disbursement this Period 70.00		
City Greensboro	State NC	Zip Code 27408	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Food/Beverage		Candidate Name	Transaction ID : SB17.12686		
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:		Category/Type			

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016		
Mailing Address 2941 Battleground Ave			Amount of Each Disbursement this Period 8.69		
City Greensboro	State NC	Zip Code 27408	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Postage		Candidate Name	Transaction ID : SB17.12697		
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:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	280.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 2941 Battleground Ave		Amount of Each Disbursement this Period 141.00
City Greensboro	State NC	
Zip Code 27408	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12732
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 2941 Battleground Ave		Amount of Each Disbursement this Period 94.00
City Greensboro	State NC	
Zip Code 27408	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12746
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 239.14
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone/Internet Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12669
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	474.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 241.42
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone/Internet Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12733
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. Bradley Mark Walker		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 2941 Battleground Ave Box 38334		Amount of Each Disbursement this Period 141.48
City Greensboro	State NC	
Zip Code 27438	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12675
Office Sought: <input checked="" 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: NC District: 06		

Full Name (Last, First, Middle Initial) C. Kelsey Williams		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 4600 Wending Lane		Amount of Each Disbursement this Period 500.00
City Greensboro	State NC	
Zip Code 27405	Purpose of Disbursement Field Representative	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	882.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 70			
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. Josh Woodward		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 1158 Double Pond Lane		Amount of Each Disbursement this Period 250.00
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Field Representative	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12753
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	50981.52

**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 70	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT PAT TILLMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 105 HOMEWOOD AVENUE		Amount of Each Disbursement this Period 30.00
City GREENSBORO State NC Zip Code 27403	Purpose of Disbursement Contribution Refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Transaction ID : SB20C.12694
State: _____ District: _____		

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

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

SUBTOTAL of Disbursements This Page (optional)	30.00
TOTAL This Period (last page this line number only)	30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 70	
	<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)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. NORTH CAROLINA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 1506 HILLSBOROUGH STREET		Amount of Each Disbursement this Period 200.00
City RALEIGH State NC Zip Code 27605	Purpose of Disbursement Contribution	
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB21.12683
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Rockingham County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address PO Box 1282		Amount of Each Disbursement this Period 75.00
City Reidsville State NC Zip Code 27323-1282	Purpose of Disbursement Non-Federal Contribution	
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB21.12723
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	275.00