

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Walker 4 NC

ADDRESS (number and street)
▼

PO Box 99247

Check if different
than previously
reported. (ACC)

Raleigh

NC

27624

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00543231

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

Y Y Y Y

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Collin McMichael

Signature of Treasurer

Collin McMichael

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2015

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 46

Write or Type Committee Name

Walker 4 NC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	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))....	81485.00	140657.57
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	81485.00	140657.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39920.76	117136.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3002.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	39920.76	114133.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101154.68	
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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Walker 4 NC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

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).....

31050.00

74510.57

(ii) Unitemized.....

4435.00

5647.00

(iii) TOTAL of contributions from individuals ▶

35485.00

80157.57

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

46000.00

60500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

81485.00

140657.57

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

3002.80

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

81485.00

143660.37

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 46

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39920.76	117136.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	75.00	1075.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	39995.76	118211.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	59665.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	81485.00
25. SUBTOTAL (add Line 23 and Line 24).....	141150.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39995.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101154.68

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

Form/Schedule: F3N
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER:

PAGE 6 OF 46

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. John Cater

Mailing Address PO Box 374

City

King

State

NC

Zip Code

27021

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

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : SA11AI.10245

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Lydia Cater

Mailing Address PO Box 374

City

King

State

NC

Zip Code

27021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Forsyth Hospital

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : SA11AI.10244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald N Clark

Mailing Address 6 Elm Ridge Lane

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lorillard Tobacco

Occupation

Director, IT Infrastructure

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11AI.10327

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 46

(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

A. Donald R Dancer

Mailing Address 5409 Eastern Shore Drive

City

Greensboro

State

NC

Zip Code

27455

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

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : SA11AI.10361

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ludy E Dancer

Mailing Address 5409 Eastern Shore Drive

City

Greensboro

State

NC

Zip Code

27455

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

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : SA11AI.10363

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Allen E Gant Jr

Mailing Address 1022 W Davis St

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glen Raven Mills

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		25		2015

Transaction ID : SA11AI.10144

Amount of Each Receipt this Period

5400.00

RA/RD Requested: Mailed 3/25

[MEMO ITEM]

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

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

5000.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

A. Allen E Gant Jr

Mailing Address 1022 W Davis St

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glen Raven Mills

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2015

Transaction ID : SA11Al.10473

Amount of Each Receipt this Period

-2700.00

Reattributed to D Gant

Full Name (Last, First, Middle Initial)

B. Denise Gant

Mailing Address 1022 W Davis St

City

Burlington

State

NC

Zip Code

27215

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

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2015

Transaction ID : SA11Al.10474

Amount of Each Receipt this Period

2700.00

Reattributed From A Gant

Full Name (Last, First, Middle Initial)

C. Marilyn Green

Mailing Address 44 Kemp Road
E

City

Greensboro

State

NC

Zip Code

27410

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

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2015

Transaction ID : SA11Al.10389

Amount of Each Receipt this Period

200.00

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

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

200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Lee 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
Guilford County Sheriff's OffiOccupation
Deputy Sheriff

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11AI.10250

Amount of Each Receipt this Period

1000.00

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

Mailing Address 12295 SE 132nd Terrace

City Ocklawaha State FL Zip Code 32179

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : SA11AI.10367

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Matthew B Keelen

Mailing Address 607 Timber Lane

City Falls Church State VA Zip Code 22046

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Keelen GroupOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11AI.10371

Amount of Each Receipt this Period

500.00

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walker 4 NCA. 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
HomemakerOccupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11AI.10238

Amount of Each Receipt this Period

2700.00

B. 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
Forsyth Plastic SurgeryOccupation
Plastic Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11AI.10239

Amount of Each Receipt this Period

2700.00

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

Mailing Address 1812 Nottingham Road

City	State	Zip Code
Greensboro	NC	27408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11AI.10346

Amount of Each Receipt this Period

1000.00

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

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

6400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Walker 4 NC

A. Full Name (Last, First, Middle Initial)
Thomas Luginbill

Mailing Address 933 Oakwood Ave

City State Zip Code
Lake Forest IL 60045

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
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2015

Transaction ID : SA11AI.10458

Amount of Each Receipt this Period

250.00

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

Mailing Address 7375 Doggett Rd

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)

Election Cycle-to-Date
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11AI.10240

Amount of Each Receipt this Period

100.00

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

Mailing Address 7375 Doggett Rd

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)

Election Cycle-to-Date
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11AI.10469

Amount of Each Receipt this Period

100.00

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

450.00

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 46
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

Full Name (Last, First, Middle Initial) A. John C McCuiston		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO Box 1360		Transaction ID : SA11AI.10241
City Ramseur	State NC	
Zip Code 27316		
FEC ID number of contributing federal political committee. C		
Name of Employer Crawford Knitting, Inc.	Occupation Executive	Amount of Each Receipt this Period 1000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Diane L Nulty		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 212 Winrow Dr		Transaction ID : SA11AI.10323
City Jamestown	State NC	
Zip Code 27282-8433		
FEC ID number of contributing federal political committee. C		
Name of Employer High Point Hospital	Occupation RN	Amount of Each Receipt this Period 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Larry W Pearman		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 4810 Carlson Valley Rd		Transaction ID : SA11AI.10358
City Summerfield	State NC	
Zip Code 27358		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Attorney	Amount of Each Receipt this Period 2000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 46

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

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NAME OF COMMITTEE (In Full)
Walker 4 NCFull Name (Last, First, Middle Initial)
A. Charles R Rakestraw

Mailing Address 123 Trillium Lane

City	State	Zip Code
Madison	NC	27025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Broker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11AI.10329

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)
B. Deanna K W Shannon

Mailing Address 3807 Crosstimbers Drive

City	State	Zip Code
Greensboro	NC	27410

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11AI.10359

Amount of Each Receipt this Period

1000.00

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

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11AI.10465

Amount of Each Receipt this Period

2700.00

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

3900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

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

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Al.10466

Amount of Each Receipt this Period

2700.00

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

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Al.10467

Amount of Each Receipt this Period

2700.00

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

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Al.10468

Amount of Each Receipt this Period

2700.00

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

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

Darren Willcox

Mailing Address 9696 Mill Ridge Lane

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer

W Strategies

Occupation

Lobbyist/Government Relations

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : SA11Al.10395

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

31050.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 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)
ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address **1 N. WAUKEGAN ROAD**

City State Zip Code
NORTH CHICAGO IL 60064

FEC ID number of contributing
federal political committee.

C **C00536573**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11C.10476

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address **1120 CONNECTICUT AVENUE NW
SUITE 600**

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C **C00004275**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11C.10536

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **101 NORTH 3RD STREET**

City State Zip Code
MOORHEAD MN 56560

FEC ID number of contributing
federal political committee.

C **C00110338**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : SA11C.10462

Amount of Each Receipt this Period

5000.00

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

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

7500.00

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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walker 4 NC

Full Name (Last, First, Middle Initial)
AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

Mailing Address **P. O. DRAWER 938**

City State Zip Code
THIBODAUX LA 70302

FEC ID number of contributing
federal political committee.

C **C00081414**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 22 / 2015

Transaction ID : **SA11C.10401**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1910 SUNDERLAND PLACE, NW**

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C **C00114132**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : **SA11C.10459**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address **208 S. AKARD STREET
SUITE 2701**

City State Zip Code
DALLAS TX 75202

FEC ID number of contributing
federal political committee.

C **C00109017**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

05 / 04 / 2015

Transaction ID : **SA11C.10243**

Amount of Each Receipt this Period

1500.00

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

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

3500.00

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)

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☐ 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)
B. J. BARNES FOR SHERIFF

Mailing Address **PO BOX 19707**

City State Zip Code
GREENSBORO NC 27419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11C.10387

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BIOGEN, INC. POLITICAL ACTION COMMITTEE A.K.A. 'BIOGEN PAC'

Mailing Address **225 BINNEY STREET**

City State Zip Code
CAMBRIDGE MD 02142

FEC ID number of contributing
federal political committee.

C C00390351

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11C.10391

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : SA11C.10463

Amount of Each Receipt this Period

1000.00

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)

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<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)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C C00163832

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11C.10399

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET

City CHARLOTTE	State NC	Zip Code 28202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C C00083535

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
06 / 08 / 2015

Transaction ID : SA11C.10384

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C C00305805

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11C.10229

Amount of Each Receipt this Period

5000.00

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

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

8000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

GLAXOSMITHKLINE LLC PAC (GSK PAC)Mailing Address **FIVE MOORE DRIVE****PO BOX 13358**

City

RES. TRIANGLE PARK

State

NC

Zip Code

27709FEC ID number of contributing
federal political committee.**C** **C00199703**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10478

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEEMailing Address **714 GREEN VALLEY ROAD**

City

GREENSBORO

State

NC

Zip Code

27408FEC ID number of contributing
federal political committee.**C** **C00112888**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11C.10249

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEEMailing Address **1000 LOWE'S BOULEVARD**

City

MOORESVILLE

State

NC

Zip Code

28117FEC ID number of contributing
federal political committee.**C** **C00251751**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11C.10385

Amount of Each Receipt this Period

1000.00**SUBTOTAL** of Receipts This Page (optional).....**11000.00****TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s)
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☐ 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)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C C00030718

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
06 19 2015

Transaction ID : SA11C.10397

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 469 HOSPITAL DR.
SUITE C

City State Zip Code
GASTONIA NC 28054

FEC ID number of contributing
federal political committee.

C C00405555

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
06 08 2015

Transaction ID : SA11C.10382

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOCIATION PAC (RESTAURANT PAC)

Mailing Address 2055 L STREET, NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00003764

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
05 21 2015

Transaction ID : SA11C.10374

Amount of Each Receipt this Period

2500.00

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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)

Mailing Address 1666 K STREET, NW

SUITE 500

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00473652

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2015

Transaction ID : SA11C.10393

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)

Mailing Address 500 OLD DOMINION WAY

City

THOMASVILLE

State

NC

Zip Code

27360

FEC ID number of contributing
federal political committee.

C C00496836

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2015

Transaction ID : SA11C.10390

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00388819

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Transaction ID : SA11C.10375

Amount of Each Receipt this Period

500.00

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

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

PRIME POLICY GROUP LLC/BURSON-MARSTELLER POLITICAL ACTION COMMITTEE**A.**Mailing Address 1110 VERMONT AVENUE, NW
SUITE 1000

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee.**C** C00201863

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11C.10460

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC**B.**

Mailing Address P. O. BOX 718

City	State	Zip Code
WINSTON-SALEM	NC	27102

FEC ID number of contributing
federal political committee.**C** C00042002

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		10		2015

Transaction ID : SA11C.10230

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS**C.**

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183

FEC ID number of contributing
federal political committee.**C** C00394957

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10539

Amount of Each Receipt this Period

2000.00

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

5000.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE,

A.

Mailing Address 111 PONCE DE LEON AVENUE

City

CLEWISTON

State

FL

Zip Code

33440

FEC ID number of contributing
federal political committee.

C C00234120

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : SA11C.10377

Amount of Each Receipt this Period

1000.00

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

46000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Authorize.net

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128-8999

Purpose of Disbursement
Merchant Fees

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	0	0
											30.70

Transaction ID : SB17.10484

B. Battleground Family

Mailing Address 836 W. Lexington Avenue

City	State	Zip Code
High Point	NC	27262

Purpose of Disbursement
Food/Beverage

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2015

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	0	0
											49.35

Transaction ID : SB17.10493

C. BB&T

Mailing Address 201 West Market Street

City	State	Zip Code
Greensboro	NC	27401

Purpose of Disbursement
Bank Service Fee

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	0	0
											4.00

Transaction ID : SB17.10299

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

84.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. BB&T

Mailing Address 201 West Market Street

City	State	Zip Code
Greensboro	NC	27401

Purpose of Disbursement
Bank Service Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 21 / 2015

Amount of Each Disbursement this Period

Amount
4.00

Transaction ID : SB17.10438

B. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 201 West Market Street

City	State	Zip Code
Greensboro	NC	27401

Purpose of Disbursement
Bank Service Fee

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:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Disbursement this Period

Amount
4.00

Transaction ID : SB17.10509

c. Shea Bryant

Full Name (Last, First, Middle Initial)

Mailing Address 2941 Battleground Avenue
#38334

City	State	Zip Code
Greensboro	NC	27438

Purpose of Disbursement
Fundraising Consulting/Field Rep

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:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2015

Amount of Each Disbursement this Period

Amount
2000.00

Transaction ID : SB17.10265

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

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

2008.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Shea BryantMailing Address 2941 Battleground Avenue
#38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement
Fundraising Consulting/Field Rep

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.10414

B. Shea BryantMailing Address 2941 Battleground Avenue
#38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement
Printing Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

323.85

Transaction ID : SB17.10439

c. Office Depot

Mailing Address 3018 High Point Rd

City Greensboro State NC Zip Code 27403

Purpose of Disbursement
Printing Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

323.85

Transaction ID : SB17.10439.0

[MEMO ITEM]

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

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

2323.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Shea BryantMailing Address 2941 Battleground Avenue
#38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement
Fundraising Consulting/Field Rep

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.10483

B. Capitol Hill Club

Mailing Address 300 First St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2015

Amount of Each Disbursement this Period

274.80

Transaction ID : SB17.10286

c. Capitol Hill Club

Mailing Address 300 First St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2015

Amount of Each Disbursement this Period

352.80

Transaction ID : SB17.10434

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

2627.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Capitol Hill Club

Mailing Address 300 First St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2015

Amount of Each Disbursement this Period

131.67

Transaction ID : SB17.10499

B. Capitol Hill Club

Mailing Address 300 First St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2015

Amount of Each Disbursement this Period

1279.16

Transaction ID : SB17.10500

C. CM&Co, LLC

Mailing Address PO Box 97275

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

7099.71

Transaction ID : SB17.10267

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

8510.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. CM&Co, LLC

Mailing Address PO Box 97275

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

1093.07

Transaction ID : SB17.10410

B. Tonya Cockman

Mailing Address 803 Hood Place

City	State	Zip Code
Greensboro	NC	27408

Purpose of Disbursement
Flowers, Food/Beverage, Event Staff

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

484.34

Transaction ID : SB17.10440

c. Total Wine & More

Mailing Address 2976 Battleground Ave

City	State	Zip Code
Greensboro	NC	27408

Purpose of Disbursement
Beverages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

113.95

Transaction ID : SB17.10440.2

[MEMO ITEM]

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

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

1577.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. DHARMA MERCHANT SERVICES

Mailing Address P.O. BOX 246

City	State	Zip Code
ALPHARETTA	GA	30009

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

Amount of Each Disbursement this Period

98.17

Transaction ID : SB17.10259

B. DHARMA MERCHANT SERVICES

Mailing Address P.O. BOX 246

City	State	Zip Code
ALPHARETTA	GA	30009

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

253.41

Transaction ID : SB17.10407

C. DHARMA MERCHANT SERVICES

Mailing Address P.O. BOX 246

City	State	Zip Code
ALPHARETTA	GA	30009

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

119.77

Transaction ID : SB17.10488

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

471.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 46

<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. Mark Dillon

Mailing Address 377 Cedar Spring Road

City	State	Zip Code
Randleman	NC	27317

Purpose of Disbursement
Band

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2015

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.10443

B. Eventfarm.com

Mailing Address PO Box 8385

City	State	Zip Code
Kalispell	MT	59904

Purpose of Disbursement
Online Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.10451

c. Eventfarm.com

Mailing Address PO Box 8385

City	State	Zip Code
Kalispell	MT	59904

Purpose of Disbursement
Online Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.10495

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

760.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Family Service of Greensboro Foundation

Mailing Address 902 Bonner Dr

City	State	Zip Code
Jamestown	NC	27282

Purpose of Disbursement
Event Sponsorship

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.10293

B. Google

Mailing Address 1600 Amphitheatre Pkwy

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement
Email Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

58.55

Transaction ID : SB17.10486

c. Greensboro Baseball

Mailing Address 408 Bellemeade Street

City	State	Zip Code
Greensboro	NC	27401

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.10453

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

942.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Greensboro Baseball

Mailing Address 408 Bellemeade Street

City	State	Zip Code
Greensboro	NC	27401

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 28 / 2015

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.10455

B. High Cotton ConsultingMailing Address 5240 Duke Street
Apt 218

City	State	Zip Code
Alexandria	VA	22304

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2015

Amount of Each Disbursement this Period

4002.00

Transaction ID : SB17.10268

c. High Cotton ConsultingMailing Address 5240 Duke Street
Apt 218

City	State	Zip Code
Alexandria	VA	22304

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2015

Amount of Each Disbursement this Period

1167.85

Transaction ID : SB17.10411

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

5238.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Hospice League of Alamance-CaswellMailing Address 1003 W Main Street
Suite 3BCity State Zip Code
Haw River NC 27258Purpose of Disbursement
Event Sponsorship

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.10416

B. Hursey's Bar-B-Q

Mailing Address 1834 S Church St

City State Zip Code
Burlington NC 27215Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2015

Amount of Each Disbursement this Period

1281.00

Transaction ID : SB17.10442

c. Scott LuginbillMailing Address 2941 Battleground Ave
Box 38334City State Zip Code
Greensboro NC 27438Purpose of Disbursement
Food/Beverage, Cleaning Services, Shipping, Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

810.03

Transaction ID : SB17.10271

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

2391.03

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. CostCo

Mailing Address 4201 West Wendover

City	State	Zip Code
Greensboro	NC	27402

Purpose of Disbursement
Food/Beverage

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:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2015

Amount of Each Disbursement this Period

158.77

Transaction ID : SB17.10271.1

[MEMO ITEM]

B. CostCo

Mailing Address 4201 West Wendover

City	State	Zip Code
Greensboro	NC	27402

Purpose of Disbursement
Food/Beverage

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:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2015

Amount of Each Disbursement this Period

156.95

Transaction ID : SB17.10271.2

[MEMO ITEM]

c. A Breath of Spring

Mailing Address 3505 Associate Dr

City	State	Zip Code
Greensboro	NC	27405

Purpose of Disbursement
Cleaning Services

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:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2015

Amount of Each Disbursement this Period

315.45

Transaction ID : SB17.10271.3

[MEMO ITEM]

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

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

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. The UPS Store

Mailing Address 4642 W Market St

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

999.99
47.83

Transaction ID : SB17.10271.4

[MEMO ITEM]

B. Scott LuginbillMailing Address 2941 Battleground Ave
Box 38334

City	State	Zip Code
Greensboro	NC	27438

Purpose of Disbursement
Event Tickets, Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2015

Amount of Each Disbursement this Period

999.99
990.29

Transaction ID : SB17.10445

C. Atlantic Coast Conference

Mailing Address 4512 Weybridge Lane

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2015

Amount of Each Disbursement this Period

999.99
830.00

Transaction ID : SB17.10445.0

[MEMO ITEM]

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

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

999.99
990.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 46

<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. Michell's Kitchen & Catering

Mailing Address 3290 South Church Street

City	State	Zip Code
Burlington	NC	27217

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

469.70

Transaction ID : SB17.10412

B. Nation Builder

Mailing Address 520 S. Grand Ave

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

Amount of Each Disbursement this Period

83.00

Transaction ID : SB17.10296

C. Nation Builder

Mailing Address 520 S. Grand Ave

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2015

Amount of Each Disbursement this Period

83.00

Transaction ID : SB17.10437

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

635.70

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Nation Builder

Mailing Address 520 S. Grand Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Software

Amount of Each Disbursement this Period

328.93

Transaction ID : SB17.10503

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 3018 High Point Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement
Office Supplies

Amount of Each Disbursement this Period

85.39

Transaction ID : SB17.10260

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Office Depot

Mailing Address 3018 High Point Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement
Office Supplies

Amount of Each Disbursement this Period

160.54

Transaction ID : SB17.10274

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

328.93

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 46

<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. Office Depot

Mailing Address 3018 High Point Rd

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

15.84

Transaction ID : SB17.10494

B. Party Rentals by Lisa

Mailing Address 2643 Randleman Road

City	State	Zip Code
Greensboro	NC	27406

Purpose of Disbursement
Event Table/Chair/Tent Rentals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2015

Amount of Each Disbursement this Period

491.05

Transaction ID : SB17.10429

c. Red Stampede

Mailing Address 6701 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

864.25

Transaction ID : SB17.10264

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

1371.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Red Stampede

Mailing Address 6701 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2015

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.10409

B. Red Stampede

Mailing Address 6701 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
05 / 08 / 2015

Amount of Each Disbursement this Period

86.78

Transaction ID : SB17.10422

c. Red Stampede

Mailing Address 6701 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement
Online Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 04 / 2015

Amount of Each Disbursement this Period

360.50

Transaction ID : SB17.10489

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

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

697.28

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Reto's Kitchen

Mailing Address 600 S. Elam Street

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

1067.00

Transaction ID : SB17.10269

B. Still Water Farm

Mailing Address 7169 Strawberry Road

City	State	Zip Code
Summerfield	NC	27358

Purpose of Disbursement
Site Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.10449

c. The Cannon Group, LLCMailing Address 1001 Pennsylvania Avenue NW
Suite 1300 N

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2015

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.10501

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

4567.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. US Airways

Mailing Address 111 W. Rio Salado Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2015

City	State	Zip Code
Tempe	AZ	85281

Amount of Each Disbursement this Period

221.10

Purpose of Disbursement
AirfareCategory/
Type

Transaction ID : SB17.10433

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 111 W. Rio Salado Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

City	State	Zip Code
Tempe	AZ	85281

Amount of Each Disbursement this Period

236.10

Purpose of Disbursement
AirfareCategory/
Type

Transaction ID : SB17.10506

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. US Airways

Mailing Address 111 W. Rio Salado Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

City	State	Zip Code
Tempe	AZ	85281

Amount of Each Disbursement this Period

224.10

Purpose of Disbursement
AirfareCategory/
Type

Transaction ID : SB17.10511

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

681.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Mailing Address 2941 Battleground Ave

City	State	Zip Code
Greensboro	NC	27408

Purpose of Disbursement
Postage

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:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2015

Amount of Each Disbursement this Period

245.00

Transaction ID : SB17.10308

B. Verizon Wireless

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Phone Services

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:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 27 / 2015

Amount of Each Disbursement this Period

282.20

Transaction ID : SB17.10302

c. Verizon Wireless

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Phone Services

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:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Disbursement this Period

331.56

Transaction ID : SB17.10512

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

858.76

FOR LINE NUMBER:
(check only one)

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

Walker 4 NC

A. Village Tavern

Date of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Amount of Each Disbursement this Period

Transaction ID : SB17.10421

B.

Mailing Address

Date of Disbursement

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Amount of Each Disbursement this Period

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

TOTAL This Period (last page this line number only)

38.00

37258.22