

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

ADDRESS (number and street) 115 Apollo Dr.  
 Check if different than previously reported. (ACC)  
Cape Carteret NC 28584

2. **FEC IDENTIFICATION NUMBER** C00250589  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 Steve Malay

Signature of Treasurer Electronically Filed by Steve Malay Date 07 25 2009

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 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1442.51
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1442.51									
(c) Total Receipts (from Line 19) .....	10762.50	10762.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12205.01	12205.01								
7. Total Disbursements (from Line 31) .....	4621.74	4621.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7583.27	7583.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1076.00	1076.00
(ii) Unitemized .....	8573.50	8573.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9649.50	9649.50
(b) Political Party Committees .....	1013.00	1013.00
(c) Other Political Committees (such as PACs) .....	100.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10762.50	10762.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10762.50	10762.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10762.50	10762.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4621.74	4621.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4621.74	4621.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4621.74	4621.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4621.74	4621.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10762.50	10762.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10762.50	10762.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4621.74	4621.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4621.74	4621.74

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
Annette Argandona

Mailing Address 182 Eagle Creek Rd.

City State Zip Code  
Moyock NC 27958

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

Name of Employer Children's Hospital of King  
Occupation Office Co-ordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** SA11AI.6988

Amount of Each Receipt this Period  
256.00

silent auction purchase(s)

**B.**

Full Name (Last, First, Middle Initial)  
Annette Argandona

Mailing Address 182 Eagle Creek Rd.

City State Zip Code  
Moyock NC 27958

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

Name of Employer Children's Hospital of King  
Occupation Office Co-ordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2009

**Transaction ID:** SA11AI.7161

Amount of Each Receipt this Period  
30.00

donation for shirt(s)

**C.**

Full Name (Last, First, Middle Initial)  
Arnold Argandona

Mailing Address 182 Eagle Creek Rd.

City State Zip Code  
Moyock NC 27958

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

Name of Employer Currituck County, NC  
Occupation Supv/Public Works

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2009

**Transaction ID:** SA11AI.7197

Amount of Each Receipt this Period  
146.00

donation

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **432.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Arnold Argandona  
 Mailing Address 182 Eagle Creek Rd.  
 City State Zip Code  
 Moyock NC 27958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Currituck County, NC Supv/Public Works  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 257.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.7115  
 Amount of Each Receipt this Period  
 20.00  
 pass the hat donations fi-  
 rst 1/2 year

**B.** Full Name (Last, First, Middle Initial)  
George Cleveland  
 Mailing Address 224 Campbell Place  
 City State Zip Code  
 Jacksonville NC 28546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State of NC Rep. in NC House  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.7120  
 Amount of Each Receipt this Period  
 120.00  
 pass the hat donations fi-  
 rst 1/2 year

**C.** Full Name (Last, First, Middle Initial)  
Nancy Cleveland  
 Mailing Address 224 Campbell Place  
 City State Zip Code  
 Jacksonville NC 28546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 316.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 9  
**Transaction ID:** SA11AI.7149  
 Amount of Each Receipt this Period  
 210.00  
 cookbook purchase(s)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Conner	Date of Receipt MM / DD / YYYY 04 / 18 / 2009
	Mailing Address PO Box 247	<b>Transaction ID:</b> SA11AI.6880
	City State Zip Code Hatteras NC 27943	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Convention delegate fees
Name of Employer Self Occupation Real Estate Broker	Aggregate Year-to-Date 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Melba Stallings	Date of Receipt MM / DD / YYYY 04 / 19 / 2009
	Mailing Address 1868 A Quail Ridge Rd.	<b>Transaction ID:</b> SA11AI.7007
	City State Zip Code Greenville NC 27858	Amount of Each Receipt this Period 189.00
	FEC ID number of contributing federal political committee. C	silent auction purchase(s)
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date 214.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Rachel Sturz	Date of Receipt MM / DD / YYYY 04 / 18 / 2009
	Mailing Address 116 Oxford Rd.	<b>Transaction ID:</b> SA11AI.6954
	City State Zip Code Greenville NC 27858	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Convention delegate fees
Name of Employer retired Occupation retired	Aggregate Year-to-Date 209.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>294.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1076.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 20  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
Beaufort County GOP

Mailing Address 104 Holly Circle

City State Zip Code  
Washington NC 27889

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** SA11B.7021

Amount of Each Receipt this Period  
30.00

convention program ad

**B.**

Full Name (Last, First, Middle Initial)  
Beaufort County GOP

Mailing Address 104 Holly Circle

City State Zip Code  
Washington NC 27889

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7050

Amount of Each Receipt this Period  
24.00

Convention county fee

**C.**

Full Name (Last, First, Middle Initial)  
Camden County GOP

Mailing Address 102 Smith Dr.

City State Zip Code  
Camden NC 27921

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7051

Amount of Each Receipt this Period  
7.00

Convention county fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
Carteret County GOP

Mailing Address PO Box 1775

City State Zip Code  
Newport NC 28570

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** SA11B.7018

Amount of Each Receipt this Period  
100.00

convention program ad

**B.**

Full Name (Last, First, Middle Initial)  
Carteret County GOP

Mailing Address PO Box 1775

City State Zip Code  
Newport NC 28570

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
162.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** SA11B.7052

Amount of Each Receipt this Period  
62.00

Convention county fee

**C.**

Full Name (Last, First, Middle Initial)  
Craven County GOP

Mailing Address PO Box 13466

City State Zip Code  
New Bern NC 28561

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** SA11B.7017

Amount of Each Receipt this Period  
50.00

convention program ad

**SUBTOTAL** of Receipts This Page (optional) ..... ► **212.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Craven County GOP  
Mailing Address PO Box 13466  
City New Bern State NC Zip Code 28561  
FEC ID number of contributing federal political committee. **C** C00000000  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00  
Date of Receipt: 04 / 16 / 2009  
Transaction ID: SA11B.7028  
Amount of Each Receipt this Period: 100.00  
convention program ad

**B.** Full Name (Last, First, Middle Initial)  
Craven County GOP  
Mailing Address PO Box 13466  
City New Bern State NC Zip Code 28561  
FEC ID number of contributing federal political committee. **C** C00000000  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 193.00  
Date of Receipt: 04 / 17 / 2009  
Transaction ID: SA11B.7053  
Amount of Each Receipt this Period: 43.00  
Convention county fee

**C.** Full Name (Last, First, Middle Initial)  
Crystal Coast GOP Womens Club  
Mailing Address PO Box 1492  
City Morehead City State NC Zip Code 28557  
FEC ID number of contributing federal political committee. **C** C00000000  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 35.00  
Date of Receipt: 04 / 16 / 2009  
Transaction ID: SA11B.7024  
Amount of Each Receipt this Period: 35.00  
convention program ad

**SUBTOTAL** of Receipts This Page (optional) ..... ► 178.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 12 / 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Crystal Coast Republican Men's Club  
Mailing Address PO Box 253

City State Zip Code  
Morehead City NC 28557

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9  
**Transaction ID:** SA11B.7019  
 Amount of Each Receipt this Period  
 100.00  
 convention program ad

**B.** Full Name (Last, First, Middle Initial)  
Currituck County GOP  
Mailing Address 1097 Waterlily Rd.

City State Zip Code  
Coinjock NC 27923

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9  
**Transaction ID:** SA11B.7022  
 Amount of Each Receipt this Period  
 50.00  
 convention program ad

**C.** Full Name (Last, First, Middle Initial)  
Currituck County GOP  
Mailing Address 1097 Waterlily Rd.

City State Zip Code  
Coinjock NC 27923

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
62.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9  
**Transaction ID:** SA11B.7054  
 Amount of Each Receipt this Period  
 12.00  
 Convention county fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **162.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Dare County GOP

Mailing Address PO Box 3383

City State Zip Code  
Kill Devil Hills NC 27948

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9

**Transaction ID:** SA11B.7020

Amount of Each Receipt this Period  
25.00

convention program ad

**B.** Full Name (Last, First, Middle Initial)  
Dare County GOP

Mailing Address PO Box 3383

City State Zip Code  
Kill Devil Hills NC 27948

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7055

Amount of Each Receipt this Period  
10.00

Convention county fee

**C.** Full Name (Last, First, Middle Initial)  
Duplin County GOP

Mailing Address 361 Leste Houston Rd.

City State Zip Code  
Pink Hill NC 28572

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 17.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7056

Amount of Each Receipt this Period  
17.00

Convention county fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **52.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
Lenoir County GOP

Mailing Address 6219 Hwy 55 West

City State Zip Code  
Kinston NC 28504

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11B.7057

Amount of Each Receipt this Period

4.00

Convention county fee

**B.**

Full Name (Last, First, Middle Initial)  
Nash County GOP

Mailing Address PO Box 8122

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11B.7058

Amount of Each Receipt this Period

10.00

Convention county fee

**C.**

Full Name (Last, First, Middle Initial)  
Onslow County Republican Party

Mailing Address PO Box 716

City State Zip Code  
Jacksonville NC 28541

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11B.7023

Amount of Each Receipt this Period

50.00

convention program ad

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

64.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Onslow County Republican Party

Mailing Address PO Box 716

City State Zip Code  
Jacksonville NC 28541

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 80.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7059

Amount of Each Receipt this Period  
30.00

Convention county fee

**B.** Full Name (Last, First, Middle Initial)  
Pamlico County GOP

Mailing Address PO Box 122

City State Zip Code  
Merritt NC 28556

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7060

Amount of Each Receipt this Period  
13.00

Convention county fee

**C.** Full Name (Last, First, Middle Initial)  
Pitt County GOP

Mailing Address PO Box 8498

City State Zip Code  
Greenville NC 27835

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9

**Transaction ID:** SA11B.7025

Amount of Each Receipt this Period  
50.00

convention program ad

**SUBTOTAL** of Receipts This Page (optional) ..... ► **93.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Pitt County GOP

Mailing Address PO Box 8498

City State Zip Code  
Greenville NC 27835

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 123.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9

**Transaction ID:** SA11B.7061

Amount of Each Receipt this Period  
73.00

Convention county fee

**B.** Full Name (Last, First, Middle Initial)  
Pitt County GOP Women's Club

Mailing Address 134 Oakmont Dr.  
Apt. 17

City State Zip Code  
Greenville NC 27858

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9

**Transaction ID:** SA11B.7026

Amount of Each Receipt this Period  
25.00

convention program ad

**C.** Full Name (Last, First, Middle Initial)  
Wayne County GOP

Mailing Address PO Box 10821

City State Zip Code  
Goldsboro NC 27532

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9

**Transaction ID:** SA11B.7027

Amount of Each Receipt this Period  
50.00

convention program ad

**SUBTOTAL** of Receipts This Page (optional) ..... ► **148.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 20  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Wayne County GOP

Mailing Address PO Box 10821

City State Zip Code  
Goldsboro NC 27532

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 80.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** SA11B.7062

Amount of Each Receipt this Period  
30.00

Convention county fee

**B.** Full Name (Last, First, Middle Initial)  
Wilson County GOP

Mailing Address 313 Ward Blvd. NW

City State Zip Code  
Wilson NC 27896

FEC ID number of contributing federal political committee. **C** C00000000

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** SA11B.7063

Amount of Each Receipt this Period  
13.00

Convention county fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **43.00**

**TOTAL** This Period (last page this line number only) ..... ► **1013.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 20
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

<b>A.</b>	Full Name (Last, First, Middle Initial) WALTER JONES COMMITTEE 2006		Date of Receipt
	Mailing Address PO BOX 99667		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RALEIGH	NC	27624
	FEC ID number of contributing federal political committee.		<input type="text" value="C00305052"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	Transaction ID: SA11C.7048 Amount of Each Receipt this Period <input type="text" value="100.00"/> convention program ad

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="100.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

A.	Full Name (Last, First, Middle Initial) Graphixx Screen Printing	Transaction ID: SB21B.7188 Date of Disbursement
	Mailing Address PO Box 1318	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Goldsboro State NC Zip Code 27533	Amount of Each Disbursement this Period
	Purpose of Disbursement shirt purchase	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Graphixx Screen Printing	Transaction ID: SB21B.7189 Date of Disbursement
	Mailing Address PO Box 1318	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Goldsboro State NC Zip Code 27533	Amount of Each Disbursement this Period
	Purpose of Disbursement shirt purchase balance	<input type="text" value="64.00"/>
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Kim Mills Catering	Transaction ID: SB21B.7187 Date of Disbursement
	Mailing Address 1861 W. Arlington Blvd	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Greenville State NC Zip Code 27834	Amount of Each Disbursement this Period
	Purpose of Disbursement box lunches at district convention	<input type="text" value="1472.00"/>
	Candidate Name	Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2336.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Productions by Kim

Mailing Address 1830 Blue Banks Farm Rd

City Greenville State NC Zip Code 27834

Purpose of Disbursement  
Convention table settings, nametags, programs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7191

Date of Disbursement

05 / 03 / 2009

Amount of Each Disbursement this Period

631.80

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

631.80

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

2967.80