

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

RESULTS FOR NC, Inc.

ADDRESS (number and street) 7 N. Bloodworth Street

Check if different than previously reported. (ACC) RALEIGH NC 27601

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00545152

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of NC

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 15 / 2020 through M M / D D / Y Y Y Y Y Y 11 / 23 / 2020

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

Type or Print Name of Treasurer

Signature of Treasurer Reynolds, Katherine, N, , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 28 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RESULTS FOR NC, Inc.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="153588.62"/>	<input type="text" value="153588.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="569508.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="335000.00"/>	<input type="text" value="994400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="904508.66"/>	<input type="text" value="1147988.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="832206.83"/>	<input type="text" value="1075686.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72301.83"/>	<input type="text" value="72301.83"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RESULTS FOR NC, Inc.**

Report Covering the Period: From: M M / D D / Y Y Y Y  
10 / 15 / 2020 To: M M / D D / Y Y Y Y  
11 / 23 / 2020

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).....	335000.00	991900.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	335000.00	991900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	335000.00	994400.00
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 Transfers (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)).....▶	335000.00	994400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	335000.00	994400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	20860.98	209633.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20860.98	209633.75
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 Expenditures (use Schedule E) .....	811345.85	866053.04
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	832206.83	1075686.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	832206.83	1075686.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	335000.00	994400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	335000.00	994400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20860.98	209633.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20860.98	209633.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)  
**RESULTS FOR NC, Inc.**

**A. Custom Management Services, Inc.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 W. 14th Street

City Sioux Falls	State SD	Zip Code 57104
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2020

**Transaction ID : SA11AI.4342**

Amount of Each Receipt this Period  
35000.00

Memo Item

**B. Custom Management Services, Inc.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 W. 14th Street

City Sioux Falls	State SD	Zip Code 57104
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2020

**Transaction ID : SA11AI.4349**

Amount of Each Receipt this Period  
50000.00

Memo Item

**C. Dyson, John, S., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Wing Road

City Millbrook	State NY	Zip Code 12545
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Millbrook Capital Management	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2020

**Transaction ID : SA11AI.4347**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135000.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RESULTS FOR NC, Inc.**

**A. LPC Conservation LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11112 Autumn Road  
 City Edmond State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2020  
**Transaction ID : SA11AI.4336**  
 Amount of Each Receipt this Period  
 20000.00  
 Memo Item

**B. Standard Holding Corporation**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 430  
 City Conley State GA Zip Code 30288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2020  
**Transaction ID : SA11AI.4339**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. Sullivan, Jane, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3649  
 City Wilmington State NC Zip Code 28406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 JH Land LLC Member  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2020  
**Transaction ID : SA11AI.4346**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70000.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 15
	<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)  
**RESULTS FOR NC, Inc.**

**A. Sullivan, Scott, C.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3649  
 City Wilmington State NC Zip Code 28406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JH Land LLC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : SA11AI.4344**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**B. The Carrbridge Berkshire Group**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16740 Birkdale Commons Parkway Ste 280  
 City Huntersville State NC Zip Code 28078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 28 / 2020  
**Transaction ID : SA11AI.4340**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**C. Time Investment Corporation**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6065  
 City Greenville State NC Zip Code 27835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : SA11AI.4338**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130000.00
<b>TOTAL</b> This Period (last page this line number only).....	335000.00



**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"/> 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)  
**RESULTS FOR NC, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2020
Mailing Address 1445-A Laughlin Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4354</b>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Wire Transfer Service Fee		Amount of Each Disbursement this Period [ ] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address 1445-A Laughlin Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4353</b>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Wire Transfer Service Fee		Amount of Each Disbursement this Period [ ] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2020
Mailing Address 1445-A Laughlin Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4352</b>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Wire Transfer Service Fee		Amount of Each Disbursement this Period [ ] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**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"/> 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)  
**RESULTS FOR NC, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 1445-A Laughlin Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4351</b> Amount of Each Disbursement this Period [ ] 50.00	
City McLean	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement Wire Transfer 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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2020	
Mailing Address 1445-A Laughlin Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4350</b> Amount of Each Disbursement this Period [ ] 50.00	
City McLean	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement Wire Transfer 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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Dickinson-Wright PLLC</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2020	
Mailing Address 1825 I Street NW Suite 900		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4357</b> Amount of Each Disbursement this Period [ ] 5000.00	
City Washington	State DC	Zip Code 20006	Category/ Type [ ]
Purpose of Disbursement Legal 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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**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"/> 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)  
**RESULTS FOR NC, Inc.**

Full Name (Last, First, Middle Initial) <b>A. Macon Consulting</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2020	
Mailing Address PO Box 3962		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4355</b> Amount of Each Disbursement this Period [ ] 8110.98	
City Greenville	State NC	Zip Code 27836	Category/ Type [ ]
Purpose of Disbursement Fundraising Consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Zooberg, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020	
Mailing Address P.O. Box 77492		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4356</b> Amount of Each Disbursement this Period [ ] 7500.00	
City Charlotte	State NC	Zip Code 28271	Category/ Type [ ]
Purpose of Disbursement Fundraising Consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15610.98
<b>TOTAL</b> This Period (last page this line number only).....▶	20860.98

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESULTS FOR NC, Inc.
FEC IDENTIFICATION NUMBER C C00545152

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Print Advertising
Name of Federal Candidate: Cunningham, Cal, ,
Calendar Year-To-Date Per Election for Office Sought 190565.39
Disbursement For: General 2020

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Digital Advertising
Name of Federal Candidate: Cunningham, Cal, ,
Calendar Year-To-Date Per Election for Office Sought 354881.92
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 300174.73
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Reynolds, Katherine, N, ,

[Electronically Filed]

Date

01 / 28 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESULTS FOR NC, Inc.
FEC IDENTIFICATION NUMBER C C00545152

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Digital Advertising
Category/Type
Date of Public Distribution/Dissemination 10/23/2020
Amount 80408.28
Transaction ID: SE.4298
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: Cunningham, Cal, ,
Support Oppose
Office Sought: House Senate
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 435290.20
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Print Advertising: Mail
Category/Type
Date of Public Distribution/Dissemination 10/23/2020
Amount 120762.84
Transaction ID: SE.4299
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: Cunningham, Cal, ,
Support Oppose
Office Sought: House Senate
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 556053.04
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 201171.12
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Reynolds, Katherine, N, ,

[Electronically Filed]

Date 01/28/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESULTS FOR NC, Inc.
FEC IDENTIFICATION NUMBER C C00545152

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Digital Advertising
Date of Public Distribution/Dissemination 10/30/2020
Amount 120000.00
Transaction ID: SE.4309
Date of Disbursement or Obligation 10/29/2020

Name of Federal Candidate: Cunningham, Cal, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2020

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Digital Advertising
Date of Public Distribution/Dissemination 11/01/2020
Amount 165000.00
Transaction ID: SE.4318
Date of Disbursement or Obligation 11/02/2020

Name of Federal Candidate: Cunningham, Cal, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 285000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Reynolds, Katherine, N,
Signature

[Electronically Filed]

Date 01/28/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) RESULTS FOR NC, Inc.
FEC IDENTIFICATION NUMBER C C00545152

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Majority Strategies, LLC
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267
Purpose of Expenditure Advertising-- Telephone Calls
Category/Type
Date of Public Distribution/Dissemination 11/03/2020
Amount 25000.00
Transaction ID : SE.4327
Date of Disbursement or Obligation 11/04/2020

Name of Federal Candidate: Cunningham, Cal, ,
Support Oppose
Office Sought: House Senate
President General
State: NC
Calendar Year-To-Date Per Election for Office Sought 866053.04
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate
President General
State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 25000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 811345.85

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Reynolds, Katherine, N, ,

[Electronically Filed]

Date 01/28/2021

Signature