

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

SECRETARY OF THE SENATE
Office Use Only
OCT 28 PM 4:09

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

ADDRESS (number and street) 2011 W 15TH ST
Check if different than previously reported. (ACC) WASHINGTON NC 27889

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00150589

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 MM/DD/YYYY in State of _____

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)
--	---------------------------------------

Election on MM/DD/YYYY in State of _____

5. Covering Period 01/01/2015 through 06/30/2015

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 KEITH P KIDWELL

Signature of Treasurer [Signature] Date 10/23/2015

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

2015 OCT 28 PM 4:09

2015 OCT 30 PM 4:09
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

Report Covering the Period: From: MM / DD / YYYY 01 01 2015 To: MM / DD / YYYY 06 30 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015	4842.57	4842.57
(b) Cash on Hand at Beginning of Reporting Period.....	4842.57	
(c) Total Receipts (from Line 19).....	17726.48	17726.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22569.05	22569.05
7. Total Disbursements (from Line 31).....	8485.78	8485.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14083.27	14083.27
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	

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. 06/2004)

Page 3

Write or Type Committee Name

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

Report Covering the Period: From: MM / DD / YYYY 01 01 2015 To: MM / DD / YYYY 06 30 2015

LAW OFFICE OF JIM HANCOCK

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).....	4038.60	4038.60
(ii) Unitemized.....	9832.88	9832.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13871.48	13871.48
(b) Political Party Committees.....	2125.00	2125.00
(c) Other Political Committees (such as PACs).....	1130.00	1130.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	17126.48	17126.48
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.....	600.00	600.00
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)).....▶	17726.48	17726.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17726.48	17726.48

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	8485.78	8485.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8485.78	8485.78
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).....	0.00	0.00
25. Coordinated Party Expenditures (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) 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))..	8485.78	8485.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8485.78	8485.78

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	17126.48	17126.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17126.48	17126.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8485.78	8485.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8485.78	8485.78

WINN-DIXIE STORES INC

**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 6 OF 22	
	<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

Full Name (Last, First, Middle Initial) A. Gail Blanton			Date of Receipt	
Mailing Address 3069 Dartmouth Dr.			M M / D D / Y Y Y Y 04 28 2015	
City	State	Zip Code	Transaction ID : SA11AI.11880	
Greenville	NC	27858	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			, , 1493.55	
Name of Employer		Occupation		
Time Invsmt Corp		CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	, , 1583.55	

Full Name (Last, First, Middle Initial) B. Helga Brown			Date of Receipt	
Mailing Address 4004 Shinnecook Dr			M M / D D / Y Y Y Y 04 28 2015	
City	State	Zip Code	Transaction ID : SA11AI.11879	
New Bern	NC	28562	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			, , 475.05	
Name of Employer		Occupation		
Plant Partners, Inc		Merchandiser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	, , 510.05	

Full Name (Last, First, Middle Initial) C. Kim Cotten-West			Date of Receipt	
Mailing Address 7580 Long Ridge Rd.			M M / D D / Y Y Y Y 04 16 2015	
City	State	Zip Code	Transaction ID : SA11AI.11704	
Plymouth	NC	27962	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			, , 70.00	
Name of Employer		Occupation		
DCRI		clinical research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	, , 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 2038.60
TOTAL This Period (last page this line number only).....▶	, , .

4-NH-WOOD-IND-OW-OF-ITION

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

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

FOR LINE NUMBER: PAGE 7 OF 22

(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

Full Name (Last, First, Middle Initial) A. Taylor Griffin		Date of Receipt
Mailing Address PO Box 3451		M M / D D / Y Y Y Y 04 07 2015
City	State	Zip Code
New Bern	NC	28562
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.11695
Name of Employer Sulgrave Partner		Occupation Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00
		Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) B. Taylor Griffin		Date of Receipt
Mailing Address PO Box 3451		M M / D D / Y Y Y Y 04 21 2015
City	State	Zip Code
New Bern	NC	28562
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.11752
Name of Employer Sulgrave Partner		Occupation Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 620.00
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) C. Taylor Griffin		Date of Receipt
Mailing Address PO Box 3451		M M / D D / Y Y Y Y 04 21 2015
City	State	Zip Code
New Bern	NC	28562
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.11769
Name of Employer Sulgrave Partner		Occupation Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00
		Amount of Each Receipt this Period 400.00

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

UNIVERSITY MICROFILMS INTERNATIONAL

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 OF 22	
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Taylor Griffin		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address PO Box 3451		Transaction ID : SA11AI.11779
City New Bern	State NC	Zip Code 28562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Sulgrave Partner	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

Full Name (Last, First, Middle Initial) B. Taylor Griffin		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2015
Mailing Address PO Box 3451		Transaction ID : SA11AI.11888
City New Bern	State NC	Zip Code 28562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sulgrave Partner	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) C. LAW FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 1102 Huff Dr		Transaction ID : SA11AI.11962
City Jacksonville	State NC	Zip Code 28546
FEC ID number of contributing federal political committee. C C00573766		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	

201507079000061415

**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 9 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Mullinex			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2015 Transaction ID : SA11AI.11768		
Mailing Address 143 King Creek Dr			Amount of Each Receipt this Period 175.00		
City Havelock	State NC	Zip Code 28532			
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

Full Name (Last, First, Middle Initial) B. John Mullinex			Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2015 Transaction ID : SA11AI.11827		
Mailing Address 143 King Creek Dr			Amount of Each Receipt this Period 5.00		
City Havelock	State NC	Zip Code 28532			
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

Full Name (Last, First, Middle Initial) C. Bob Pruett			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2015 Transaction ID : SA11AI.11765		
Mailing Address PO Box 695			Amount of Each Receipt this Period 100.00		
City Beaufort	State NC	Zip Code 28516			
FEC ID number of contributing federal political committee. C					
Name of Employer Pruett Rentals		Occupation self-employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00			

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE 10 OF 22

(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

Full Name (Last, First, Middle Initial) A. Bob Pruett			Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2015		
Mailing Address PO Box 695			Transaction ID : SA11AI.11837		
City Beaufort	State NC	Zip Code 28516	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Pruett Rentals		Occupation self-employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

Full Name (Last, First, Middle Initial) B. Bob Pruett			Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2015		
Mailing Address PO Box 695			Transaction ID : SA11AI.11889		
City Beaufort	State NC	Zip Code 28516	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Pruett Rentals		Occupation self-employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

Full Name (Last, First, Middle Initial) C. Matthew Schwob			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2015		
Mailing Address 2318 Oakview Dr			Transaction ID : SA11AI.11770		
City New Bern	State NC	Zip Code 28562	Amount of Each Receipt this Period 135.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00			

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

201507079000061417

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

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

FOR LINE NUMBER: PAGE 11 OF 22

(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

Full Name (Last, First, Middle Initial) A. Matthew Schwob		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 2318 Oakview Dr		Transaction ID : SA11AI.11860
City New Bern	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	4038.60

201507079000061418

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

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

FOR LINE NUMBER: PAGE 12 OF 22

(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

Full Name (Last, First, Middle Initial) A. Craven County GOP			Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015		
Mailing Address PO Box 13466			Transaction ID : SA11B.11990		
City	State	Zip Code	Amount of Each Receipt this Period		
New Bern	NC	28561	400.00		
FEC ID number of contributing federal political committee. C C00000000			In-kind -		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	400.00		

Full Name (Last, First, Middle Initial) B. Crystal Coast GOP Womens Club			Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015		
Mailing Address PO Box 1492			Transaction ID : SA11B.11997		
City	State	Zip Code	Amount of Each Receipt this Period		
Morehead City	NC	28557	900.00		
FEC ID number of contributing federal political committee. C C00000000			In-kind -		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	900.00		

Full Name (Last, First, Middle Initial) C. Gates County Republican Party			Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015		
Mailing Address 386 Daniel Rd			Transaction ID : SA11B.12010		
City	State	Zip Code	Amount of Each Receipt this Period		
Corapeake	NC	27926	40.00		
FEC ID number of contributing federal political committee. C C00000000			In-kind -		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	40.00		

SUBTOTAL of Receipts This Page (optional).....▶	1340.00
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 OF 22

(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
------------------------------	---	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Greene County Republican Party			Date of Receipt MM / DD / YYYY 04 / 18 / 2015
Mailing Address 1826 Shady Grove Church Rd			Transaction ID : SA11B.12009
City Snow Hill	State NC	Zip Code 28580	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C C00000000		Occupation	In-kind -
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) B. Jones County GOP			Date of Receipt MM / DD / YYYY 04 / 18 / 2015
Mailing Address 2308 Hwy 41 W			Transaction ID : SA11B.11994
City Trenton	State NC	Zip Code 28585	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C C00000000		Occupation	In-kind -
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Onslow County Republican Party			Date of Receipt MM / DD / YYYY 04 / 18 / 2015
Mailing Address PO Box 716			Transaction ID : SA11B.11984
City Jacksonville	State NC	Zip Code 28541	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C C00000000		Occupation	In-kind -
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 75.00	

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT CORPORATION

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

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

FOR LINE NUMBER: PAGE 14 OF 22

(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

Full Name (Last, First, Middle Initial) A. Onslow County Republican Party		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address PO Box 716		Transaction ID : SA11B.11993
City Jacksonville	State NC	Zip Code 28541
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	In-kind -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Onslow County Republican Party		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address PO Box 716		Transaction ID : SA11B.11996
City Jacksonville	State NC	Zip Code 28541
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	In-kind -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Pitt County GOP		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address PO Box 8498		Transaction ID : SA11B.11988
City Greenville	State NC	Zip Code 27835
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation	In-kind -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

**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 15 OF 22
	<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

Full Name (Last, First, Middle Initial) A. Pitt County GOP Women's Club		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address 134 Oakmont Dr. Apt. 17		Transaction ID : SA11B.11991
City Greenville	State NC	Zip Code 27858
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	In-kind -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	

Full Name (Last, First, Middle Initial) B. Pitt County GOP Women's Club		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address 134 Oakmont Dr. Apt. 17		Transaction ID : SA11B.11992
City Greenville	State NC	Zip Code 27858
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 75.00
Name of Employer	Occupation	In-kind -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

Full Name (Last, First, Middle Initial) C. Washington County GOP		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address 7580 Long Ridge Rd		Transaction ID : SA11B.11995
City Plymouth	State NC	Zip Code 27962
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	In-kind -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	2125.00

NON-FEDERAL CONTRIBUTION

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 22

(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

Full Name (Last, First, Middle Initial) A. Carteret Co GOP			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 5303 Emerald Dr			Transaction ID : SA11C.11949
City Emerald Isle	State NC	Zip Code 28594	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C C00000000			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 30.00	

Full Name (Last, First, Middle Initial) B. Committee to Elect Pat McElraft			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address PO Box 5195			Transaction ID : SA11C.11952
City Emerald Isle	State NC	Zip Code 28594	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Crystal Coast Republican Men			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 202 Mulligan Dr			Transaction ID : SA11C.11950
City Peletier	State NC	Zip Code 28584	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C C00000000			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE 17 OF 22

(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

Full Name (Last, First, Middle Initial) A. East Carolina Republican Women		Date of Receipt M M / D D / Y Y Y Y 03 30 2015
Mailing Address PO Box 14481		Transaction ID : SA11C.11947
City New Bern	State NC	Zip Code 28561
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) B. John Bell Committee		Date of Receipt M M / D D / Y Y Y Y 04 07 2015
Mailing Address 501 Holland Hill		Transaction ID : SA11C.11951
City Goldsboro	State NC	Zip Code 27530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Onslow Republican Women		Date of Receipt M M / D D / Y Y Y Y 04 07 2015
Mailing Address 502 White Oak St		Transaction ID : SA11C.11948
City Jacksonville	State NC	Zip Code 29540
FEC ID number of contributing federal political committee. C C00000000		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

201507079000061424

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 OF 22	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name (Last, First, Middle Initial) A. WALTER JONES COMMITTEE			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2015	
Mailing Address PO BOX 3962			Transaction ID : SA11C.11953	
City GREENVILLE	State NC	Zip Code 27836	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C C00305052			350.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. WALTER JONES COMMITTEE			Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2015	
Mailing Address PO BOX 3962			Transaction ID : SA11C.11954	
City GREENVILLE	State NC	Zip Code 27836	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C C00305052			250.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

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

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	1130.00

201507079000061425

**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 19 OF 22	
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chris Millis Committee		Date of Receipt M M / D D / Y Y Y Y 03 01 2015
Mailing Address PO Box 878		Transaction ID : SA16.11977
City Hampstead	State NC	Zip Code 28443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer	Occupation	Donation Check never cleared bank
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C,		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).....▶		600.00
TOTAL This Period (last page this line number only).....▶		600.00

NON-PROFIT ORGANIZATION

**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 OF 22
	<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

Full Name (Last, First, Middle Initial) A. Kim Cotten-West		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 7580 Long Ridge Rd..		Transaction ID : SB21B.11972
City Plymouth	State NC	
Purpose of Disbursement Reimbursement - Convention Program		Amount of Each Disbursement this Period 393.14
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Craven County GOP		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address PO Box 13466		Transaction ID : SB21B.12006
City New Bern	State NC	
Purpose of Disbursement In-kind -		Amount of Each Disbursement this Period 400.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Crystal Coast GOP Womens Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address PO Box 1492		Transaction ID : SB21B.11999
City Morehead City	State NC	
Purpose of Disbursement In-kind -		Amount of Each Disbursement this Period 900.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1693.14
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

**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

Full Name (Last, First, Middle Initial)

A. Greenville Hilton

Date of Disbursement

M M / D D / Y Y Y Y
02 12 2015

Mailing Address 207 SW Greenville Blvd

Transaction ID : SB21B.11966

City State Zip Code
Greenville NC 27834

Amount of Each Disbursement this Period

Purpose of Disbursement
Deposit Convention Venue

900.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Greenville Hilton

Date of Disbursement

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

Mailing Address 207 SW Greenville Blvd

Transaction ID : SB21B.11975

City State Zip Code
Greenville NC 27834

Amount of Each Disbursement this Period

Purpose of Disbursement

3982.31

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Onslow County Republican Party

Date of Disbursement

M M / D D / Y Y Y Y
04 18 2015

Mailing Address PO Box 716

Transaction ID : SB21B.12000

City State Zip Code
Jacksonville NC 28541

Amount of Each Disbursement this Period

Purpose of Disbursement
In-kind -

300.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

5182.31

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

201507079000061428

**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 22 OF 22				
	<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

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

Full Name (Last, First, Middle Initial) A. Ralph Rhodes			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2015		
Mailing Address 2403 Garys Ln			Transaction ID : SB21B.11974		
City	State	Zip Code			
New Bern	NC	28562	Amount of Each Disbursement this Period		
Purpose of Disbursement Award - 50/50 Raffles		Candidate Name	, , 253.00		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

Full Name (Last, First, Middle Initial) B. Voter Integrity Project			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015		
Mailing Address 30 Ambergate Dr			Transaction ID : SB21B.11968		
City	State	Zip Code			
Youngsville	NC	27596	Amount of Each Disbursement this Period		
Purpose of Disbursement Donation		Candidate Name	, , 500.00		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Transaction ID : SB21B.11968		
City	State	Zip Code			
Purpose of Disbursement		Candidate Name	Amount of Each Disbursement this Period		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	753.00
TOTAL This Period (last page this line number only).....▶	7628.45

201507079000061429

3 RD DIST 001

2011 W 15TH ST

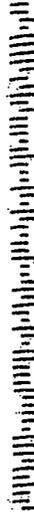
WASHINGTON DC 20005



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

20013857878



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
Date of Receipt
10/30/15

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2015)

10/30/15
DATE PREPARED

NON-UNDOABLE INFORMATION