

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Thom Tillis Committee			
ADDRESS (number and street) PO Box 97396			
CITY Raleigh		STATE NC	ZIP CODE 27624
2. NAME OF CANDIDATE Tillis, Thom, R., Sen.,		3. OFFICE SOUGHT (State and District) Senate NC	
4. FEC IDENTIFICATION NUMBER C00545772			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPO			
MAILING ADDRESS 6101 Bollinger Canyon Road Room 3418		Name of Employer Transaction ID : F65-CN91417	
CITY San Ramon	STATE CA	ZIP CODE 94583	Date (month, day, year) 02/14/2020
		Occupation	Amount 1500.00
B. FULL NAME CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPO			
MAILING ADDRESS 6101 Bollinger Canyon Road Room 3418		Name of Employer Transaction ID : F65-CN91418	
CITY San Ramon	STATE CA	ZIP CODE 94583	Date (month, day, year) 02/14/2020
		Occupation	Amount 5000.00
C. FULL NAME Carstarphen, William, J Pharr, Mr.,			
MAILING ADDRESS 100 Main St		Name of Employer Pharr Yarns	
CITY Mc Adenville	STATE NC	ZIP CODE 28101	Date (month, day, year) 02/14/2020
		Occupation President	Amount 1000.00
D. FULL NAME Hays, Thomas, D., , III			
MAILING ADDRESS 401 Wynmere Road		Name of Employer TD Hays LLC	
CITY Wynnewood	STATE PA	ZIP CODE 19096	Date (month, day, year) 02/14/2020
		Occupation Consultant	Amount 2300.00
E. FULL NAME Hays, Thomas, D., , III			
MAILING ADDRESS 401 Wynmere Road		Name of Employer TD Hays LLC	
CITY Wynnewood	STATE PA	ZIP CODE 19096	Date (month, day, year) 02/14/2020
		Occupation Consultant	Amount 2800.00
SIGNATURE (optional) McMichael, Collin, A., , <i>[Electronically Filed]</i>			DATE 02/15/2020
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100			

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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ADDRESS (number and street) PO Box 97396			
CITY, STATE, and ZIP CODE Raleigh NC 27624			
2. NAME OF CANDIDATE Tillis, Thom, R., Sen.,		3. OFFICE SOUGHT (State and District) Senate NC	
4. FEC IDENTIFICATION NUMBER C00545772		<i>continuation page</i>	
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Melvin, Edwin, S., Mr., 106 Willoughby Blvd. Greensboro NC 27408	Name of Employer Joseph M. Bryan Foundation Transaction ID : F65-CN91422 Occupation President/CEO	Date (month, day, year) 02/14/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Roberts, Harold, Knox, , Jr. 21 Pine Tree Road Salisbury NC 28144	Name of Employer Statewide Title Inc. Transaction ID : F65-CN91423 Occupation President	Date (month, day, year) 02/14/2020	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Steinmann, David, , , 1185 Park Ave New York NY 10128	Name of Employer Retired Transaction ID : F65-CN91432 Occupation Retired	Date (month, day, year) 02/14/2020	Amount 2800.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Stevens, Craig, , , 5381 Ashleigh Road Fairfax VA 22030	Name of Employer Retired Transaction ID : F65-CN91429 Occupation Retired	Date (month, day, year) 02/14/2020	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Thomas, Stephen, L, , 2247 Red Fox Trl Charlotte NC 28211	Name of Employer Transaction ID : F65-CN91421 Occupation	Date (month, day, year) 02/14/2020	Amount 1000.00

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FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Trexler, Allison, , , 4 Cedar St Alexandria VA 22301	Name of Employer Massie Partners Transaction ID : F65-CN91434 Occupation Partner	Date (month, day, year) 02/14/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount