

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED, SECRETARY OF THE SENATE

16 APR 18 PM 3:51

Office Use Only

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

12FE4M5

Thom Tillis Committee

ADDRESS (number and street)

PO Box 97396

Check if different than previously reported. (ACC)

Raleigh

NC

27624

2. FEC IDENTIFICATION NUMBER

C00545772

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

NC

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2016

through

MM / DD / YYYY 03 / 31 / 2016

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

Type or Print Name of Treasurer Collin McMichael

Signature of Treasurer

[Handwritten Signature]

Date

MM / DD / YYYY 04 / 12 / 2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

201604200200146364

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Thom Tillis Committee

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2016

To:

MM / DD / YYYY
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	126075.00	1173295.48
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	49381.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	126075.00	1123914.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	66755.98	1615005.40
(b) Total Offsets to Operating Expenditures (from Line 14) ...	1847.56	40274.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	64908.42	1574731.08
8. Cash on Hand at Close of Reporting Period (from Line 27)...	206070.89	
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) ...	213176.35	

For further information contact:

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

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

201604200200148565

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Thom Tillis Committee

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2016

To:

MM / DD / YYYY
03 / 31 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

53425.00

318728.90

(ii) Unitemized.....

400.00

7963.47

(iii) TOTAL of contributions from individuals .

53825.00

326692.37

(b) Political Party Committees...

0.00

0.00

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

72250.00

846603.11

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

126075.00

1173295.48

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

37855.28

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

1847.56

40274.32

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

127922.56

1251425.08

201604200200140366

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 67

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	66755.98	1615005.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	5000.00	5000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	250000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	250000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	41381.16
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	8000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	49381.16
21. OTHER DISBURSEMENTS ...	4000.00	6150.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	75755.98	1925536.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	153904.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	127922.56
25. SUBTOTAL (add Line 23 and Line 24) ...	281826.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	75755.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	206070.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 67
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
MR. JOHN E. BAILEY JR.

Mailing Address **11316 MOONESPRITE WAY**

City **RALEIGH** State **NC** Zip Code **27614-8546**

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

Name of Employer **GLAXOSMITHKLINE** Occupation **SR. VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SA11.40874**

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MR. GORDON HUNTER BATES

Mailing Address **5040 NITTA YUMA DRIVE**

City **PROSPECT** State **KY** Zip Code **40059**

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

Name of Employer **REPUBLIC CONSULTING, LLC** Occupation **GOVERNMENTAL AFFAIRS CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : **SA11.40823**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MR. DAVID LONGLY BERNHARDT

Mailing Address **3113 JOHN MARSHALL DRIVE**

City **ARLINGTON** State **VA** Zip Code **22207-1376**

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

Name of Employer **BROWNSTEIN HYATT FARBER SCHREC** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : **SA11.40900**

Amount of Each Receipt this Period
2500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Recelpts This Page (optional)..... **4000.00**

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

201604200200140366

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

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

FOR LINE NUMBER: PAGE 6 OF 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
MRS. GENA RAE BERNHARDT

Mailing Address **3113 JOHN MARSHALL DRIVE**

City **ARLINGTON** State **VA** Zip Code **22207-1376**

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

Name of Employer **DEPARTMENT OF JUSTICE** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : **SA11.40901**

Amount of Each Receipt this Period
2500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MR. MURCHISON B. BIGGS

Mailing Address **703 SIBLEY RD**

City **LUMBERTON** State **NC** Zip Code **28358-9496**

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

Name of Employer **K M BIGGS INC.** Occupation **ACCOUNTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SA11.40861**

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MR. DOYCE BOESCH

Mailing Address **4515 W STREET NW**

City **WASHINGTON** State **DC** Zip Code **20007-1513**

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

Name of Employer **SELF** Occupation **GOVT RELATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : **SA11.40819**

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **3250.00**

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

201604200200140309

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 67			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
MR. KIRK J. BRADLEY

Mailing Address **PO BOX 9**

City **SANFORD** State **NC** Zip Code **27331-0009**

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

Name of Employer **LEE-MOORE CAPITAL COMPANY** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SA11.40858**

Amount of Each Receipt this Period
2000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
SCOTT BRENNER

Mailing Address **103 WEST ROSEMONT AVENUE**

City **ALEXANDRIA** State **VA** Zip Code **22301-2625**

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

Name of Employer **GGA** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : **SA11.40822**

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MS. CAROLINE CAMERON

Mailing Address **PO BOX 3649**

City **WILMINGTON** State **NC** Zip Code **28406-0649**

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

Name of Employer **MEDICAL CLAIMS RX** Occupation **PATIENT ADVOCATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SA11.40855**

Amount of Each Receipt this Period
2600.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

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

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

5100.00

201604200200140370

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
JEFFREY CARMICHAEL

Mailing Address **448 STABLE VIEW CIRCLE**

City CHATTANOOGA	State TN	Zip Code 37405-1238
----------------------------	--------------------	-------------------------------

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

Name of Employer ROCKBRIDGE SENIOR LIVING GROUP	Occupation COO
---	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2016

Transaction ID : **SA11.40821**

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
RICHARD CASTANON

Mailing Address **2250 CLARENDON BLVD, APT 1214**

City ARLINGTON	State VA	Zip Code 22201-3342
--------------------------	--------------------	-------------------------------

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

Name of Employer SELF-EMPLOYED	Occupation CO-INVESTMENTS
--	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2016

Transaction ID : **SA11.40824**

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MS. GRETCHEN E. COLEY

Mailing Address **517 CHRISMILL LANE**

City HOLLY SPRINGS	State NC	Zip Code 27540-8291
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SA11.40894**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) **1500.00**

TOTAL This Period (last page this line number only)

201604200200146371

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 67		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
JOHN J. COOPER

Mailing Address **329 BAYTREE LN**

City RALEIGH	State NC	Zip Code 27615-1608
------------------------	--------------------	-------------------------------

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

Name of Employer SELF-EMPLOYED	Occupation CONSULTANT
--	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt: **02 / 26 / 2016**
Transaction ID : **SA11.40863**

Amount of Each Receipt this Period **1600.00**

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MR. SAL DISCIASCIO

Mailing Address **698 PRESCOTT ROAD**

City NEW BERN	State NC	Zip Code 28560-5913
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FEC ID number of contributing federal political committee. **C**

Name of Employer DISABLED	Occupation DISABLED AMERICAN VETERAN
-------------------------------------	--

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt: **01 / 11 / 2016**
Transaction ID : **SA11.40825**

Amount of Each Receipt this Period **25.00**

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SAL DISCIASCIO

Mailing Address **698 PRESCOTT ROAD**

City NEW BERN	State NC	Zip Code 28560-5913
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FEC ID number of contributing federal political committee. **C**

Name of Employer DISABLED	Occupation DISABLED AMERICAN VETERAN
-------------------------------------	--

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt: **02 / 08 / 2016**
Transaction ID : **SA11.40832**

Amount of Each Receipt this Period **25.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1650.00**

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

201604200200146372

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
MR. SAL DISCIASCIO

Mailing Address **698 PRESCOTT ROAD**

City **NEW BERN** State **NC** Zip Code **28560-5913**

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

Name of Employer **DISABLED** Occupation **DISABLED AMERICAN VETERAN**

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SA11.40887**

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK DREYFUS

Mailing Address **5104 OCEANFRONT AVE**

City **VIRGINIA BEACH** State **VA** Zip Code **23451-2339**

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

Name of Employer **ECPI UNIVERSITY** Occupation **EDUCATION MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : **SA11.40845**

Amount of Each Receipt this Period
2600.00

Memo Item CONTRIBUTION
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MR. J. BRAD EDWARDS

Mailing Address **403 LLOYDS LANE**

City **ALEXANDRIA** State **VA** Zip Code **22302-3712**

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

Name of Employer **JENKINS HILL CONSULTING** Occupation **MANAGING PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : **SA11.40884**

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **3625.00**

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

201604200200146373

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

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

FOR LINE NUMBER: PAGE 11 OF 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
MR. THEODORE M. FOWLER

Mailing Address **13520 DURANT RD.**

City State Zip Code
RALEIGH NC 27614-8321

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

Name of Employer Occupation
GOLDEN CORRAL CORPORATION CEO

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SA11.40860**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MR. ANDREW M. FRIEDMAN

Mailing Address **6045 WOODMONT ROAD**

City State Zip Code
ALEXANDRIA VA 22307-1159

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

Name of Employer Occupation
1-800 PACK RAT, LLC GENERAL COUNSEL

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : **SA11.40837**

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
LISA GAVEL

Mailing Address **7729 GOLF COURSE DR. N**

City State Zip Code
DENVER NC 28037-9170

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

Name of Employer Occupation
GAVEL CONSTRUCTION SERVICES OFFICE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SA11.40876**

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

DEBT RETIREMENT

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

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

2000.00

2000.00

201604200200146374

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
RONALD GIBSON

Mailing Address **531 LAKESTONE DRIVE**

City **RALEIGH** State **NC** Zip Code **27609-6337**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
MM / DD / YYYY
02 / 25 / 2016

Transaction ID : **SA11.40848**

Amount of Each Receipt this Period
1600.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
FRANK GRAINGER

Mailing Address **PO BOX 388**

City **CARY** State **NC** Zip Code **27512-0388**

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

Name of Employer **FAIR PRODUCTS INC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
02 / 26 / 2016

Transaction ID : **SA11.40864**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
GEOFF GRAY

Mailing Address **6909 AYR LANE**

City **BETHESDA** State **MD** Zip Code **20817-4901**

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

Name of Employer **GRAY CO. LLC** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
01 / 19 / 2016

Transaction ID : **SA11.40818**

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **3100.00**

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

201604200200140375

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 OF 67
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
DAVID HOLT

A. Mailing Address **3418 GEORGETOWN**

City **HOUSTON** State **TX** Zip Code **77005-2910**

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

Name of Employer **HBW RESOURCES** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2016
Transaction ID : **SA11.40906**

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
MS. DEBORAH MAE JOHNSON

B. Mailing Address **403 BLOUNT STREET**

City **CLINTON** State **NC** Zip Code **28328-2803**

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

Name of Employer **NC PORK COUNCIL** Occupation **EXECUTIVE DIRECTOR, TRADE ASSOCIATI**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
MM / DD / YYYY
02 / 26 / 2016
Transaction ID : **SA11.40865**

Amount of Each Receipt this Period
1250.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
MR. KENNETH J. KIES

C. Mailing Address **6109 FRANKLIN PARK RD.**

City **MCLEAN** State **VA** Zip Code **22101-4214**

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

Name of Employer **FEDERAL POLICY GROUP** Occupation **MANAGING DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
01 / 28 / 2016
Transaction ID : **SA11.40828**

Amount of Each Receipt this Period
500.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) **2750.00**

TOTAL This Period (last page this line number only)

201604200146576

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
JAMES LINK

Mailing Address **7430 ARROWOOD RD**

City BETHESDA	State MD	Zip Code 20817-2823
-------------------------	--------------------	-------------------------------

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

Name of Employer THE CORMAC GROUP	Occupation PARTNER
---	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SA11.40904**

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL T. MCSHERRY

Mailing Address **6247 AUBURN LEAF LANE**

City ALEXANDRIA	State VA	Zip Code 22312-3909
---------------------------	--------------------	-------------------------------

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

Name of Employer MERCURY	Occupation CONSULTANT
------------------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2016

Transaction ID : **SA11.40883**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
TRACY JOOS MISKEW

Mailing Address **105 CRYSTLEWOOD COURT**

City MORRISVILLE	State NC	Zip Code 27560-7569
----------------------------	--------------------	-------------------------------

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

Name of Employer PUBLICIS TOUCHPOINT SOLUTIONS	Occupation SALES
--	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2016

Transaction ID : **SA11.40870**

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only)

201604200200146377

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
MR. BIRCH M. MULLINS

Mailing Address **201 SOUTH WARSON**

City **ST. LOUIS** State **MO** Zip Code **63124-1207**

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

Name of Employer **BAUR PROPERTIES** Occupation **REAL ESTATE INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016
 Transaction ID : **SA11.40849**

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
DOUGLAS NAPPI

Mailing Address **3309 RUSSELL ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22305-1725**

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

Name of Employer **O'ROURKE & NAPPI, LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016
 Transaction ID : **SA11.40903**

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
DR. GARY D. OYSTER

Mailing Address **PO BOX 189**

City **FRANKLINTON** State **NC** Zip Code **27525-0189**

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

Name of Employer **OYSTER & TROPMAN** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016
 Transaction ID : **SA11.40866**

Amount of Each Receipt this Period
1500.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **3500.00**

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

201604200200146576

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 67			
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
MS. NANCY PARRISH

Mailing Address **2609 KINGSLEY RD.**

City **RALEIGH** State **NC** Zip Code **27612-2921**

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

Name of Employer **SUMMIT HOSPITALITY GROUP** Occupation **CO-OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SA11.40862**

Amount of Each Receipt this Period
2500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MICHAEL PATTERSON

Mailing Address **3328 GRANVILLE DRIVE**

City **RALEIGH** State **NC** Zip Code **27609-6924**

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

Name of Employer **CAPSTONE BANK** Occupation **EXECUTIVE CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : **SA11.40846**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
ZACHARY PAULSEN

Mailing Address **711 CHALFONTE DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22305-1202**

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

Name of Employer **AKIN GUMP** Occupation **SENIOR INTERNATIONAL POLICY ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : **SA11.40877**

Amount of Each Receipt this Period
250.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **3750.00**

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

201604200200140379

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 67				
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
STRATTON PENBERTHY

Mailing Address **3214 PORTER STREET NW**

City **WASHINGTON** State **DC** Zip Code **20008-3211**

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

Name of Employer **ASSOC. OF AMERICAN MEDICAL COLLEGES** Occupation **PROCUREMENT MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / V V V V V V V V
02 / 29 / 2016

Transaction ID : **SA11.40852**

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
JOAN LACY PREYER

Mailing Address **214 GLENBURNIE STREET**

City **CHAPEL HILL** State **NC** Zip Code **27514-3704**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / V V V V V V V V
03 / 31 / 2016

Transaction ID : **SA11.40909**

Amount of Each Receipt this Period
2000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
RANDI REID

Mailing Address **1631 HOBART STREET NW**

City **WASHINGTON** State **DC** Zip Code **20009-3704**

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

Name of Employer **KOUNTOUPES DENHAM** Occupation **LOBBYIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / V V V V V V V V
03 / 31 / 2016

Transaction ID : **SA11.40905**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **3500.00**

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

201604200200140360

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 OF 67
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
A. JULIE E. SEWELL

Mailing Address **205 ALDERSGATE ROAD**

City State Zip Code
JACKSONVILLE NC 28546-5854

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

Name of Employer Occupation
MODERN EXTERMINATING VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
2500.00

Date of Receipt
03 / 31 / 2016
Transaction ID : **SA11.40910**

Amount of Each Receipt this Period
2500.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
B. CAROLYN M. SLOAN

Mailing Address **3026 RANDOLPH DRIVE**

City State Zip Code
RALEIGH NC 27609-6942

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
2500.00

Date of Receipt
02 / 26 / 2016
Transaction ID : **SA11.40867**

Amount of Each Receipt this Period
2500.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
C. MR. O. TEMPLE SLOAN, JR.

Mailing Address **3026 RANDOLPH DRIVE**

City State Zip Code
RALEIGH NC 27609-6942

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

Name of Employer Occupation
GENERAL PARTS INTERNATIONAL CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date
2500.00

Date of Receipt
02 / 26 / 2016
Transaction ID : **SA11.40859**

Amount of Each Receipt this Period
2500.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **7500.00**
TOTAL This Period (last page this line number only).....

201604200200146301

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 67	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) MR. FERNANDO SOLER			Date of Receipt MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 198 COVE ROAD			Transaction ID : SA11.40839	
City OYSTER BAY	State NY	Zip Code 11771-3409	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SOS GLOBAL EXPRESS		Occupation OWNER	DEBT RETIREMENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. FERNANDO SOLER			Date of Receipt MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 198 COVE ROAD			Transaction ID : SA11.40839B	
City OYSTER BAY	State NY	Zip Code 11771-3409	Amount of Each Receipt this Period -100.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SOS GLOBAL EXPRESS		Occupation OWNER	REDESIGNATION TO PRIMARY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) MR. FERNANDO SOLER			Date of Receipt MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 198 COVE ROAD			Transaction ID : SA11.40918	
City OYSTER BAY	State NY	Zip Code 11771-3409	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SOS GLOBAL EXPRESS		Occupation OWNER	REDESIGNATION FROM GENERAL	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

201604200200140302

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 OF 67
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
MR. KERR T. STEVENS

Mailing Address **7001 SOUND DRIVE**

City	State	Zip Code
EMERALD ISLE	NC	28594-3135

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

Name of Employer	Occupation
STEVENS LOBBY & CONSULTING, INC.	LOBBYIST/CONSULTANT

Receipt For: 2014	Election Cycle-to-Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2016

Transaction ID : SA11.40869

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
JOHN TIMMONS

Mailing Address **1730 RHODE ISLAND AVE NW**

City	State	Zip Code
WASHINGTON	DC	20036-3101

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

Name of Employer	Occupation
THE CORMAC GROUP	LOBBYIST/CONSULTANT

Receipt For: 2014	Election Cycle-to-Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2016

Transaction ID : SA11.40896

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
WARREN J. TRYON

Mailing Address **216 9TH STREET BE**

City	State	Zip Code
WASHINGTON	DC	20003-2111

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

Name of Employer	Occupation
CAPITOL COUNSEL, LLC	PRINCIPAL

Receipt For: 2014	Election Cycle-to-Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2016

Transaction ID : SA11.40889

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

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

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

2000.00

201604200200149303

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
EUGENE A. WALKER

Mailing Address **PO BOX 30819**

City **RALEIGH** State **NC** Zip Code **27622-0819**

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

Name of Employer **WALKER RODENISER & WELCH** Occupation **ACCOUNTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SA11.40868**

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
DAVID YOUNG

Mailing Address **109 BOTANICAL WAY**

City **CHAPEL HILL** State **NC** Zip Code **27517-9270**

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

Name of Employer **VIF INTERNATIONAL EDUCATION** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : **SA11.40847**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

TOTAL This Period (last page this line number only)..... **53425.00**

201604200200140364

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT PAT B HURLEY

Mailing Address **334 SHAMROCK RD**

City **ASHEBORO** State **NC** Zip Code **27203-5847**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : **SA11.40908**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

DEBT RETIREMENT - PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (A

Mailing Address **1333 NEW HAMPSHIRE AVE., NW**

City **WASHINGTON** State **DC** Zip Code **20036-1500**

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SA11.40881**

Amount of Each Receipt this Period
750.00

Memo Item
CONTRIBUTION

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)

Mailing Address **1800 M ST. NW
SUITE 300S**

City **WASHINGTON** State **DC** Zip Code **20036-5830**

FEC ID number of contributing federal political committee. **C C00012914**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : **SA11.40913**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **2750.00**

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

201604200200140365

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address **601 13TH STREET, NW**
12TH FLOOR

City **WASHINGTON** State **DC** Zip Code **20005-3819**

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer _____ Occupation _____

Receipt For: 2020
 Primary General
 Other (specify) _____

Election Cycle-to-Date **7500.00**

Date of Receipt **MM / DD / YYYY**
02 / 25 / 2016

Transaction ID : **SA11.40873**

Amount of Each Receipt this Period **2500.00**

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address **601 13TH STREET, NW**
12TH FLOOR

City **WASHINGTON** State **DC** Zip Code **20005-3819**

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **7500.00**

Date of Receipt **MM / DD / YYYY**
03 / 28 / 2016

Transaction ID : **SA11.40899**

Amount of Each Receipt this Period **2500.00**

Memo Item CONTRIBUTION
DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)

Mailing Address **11921 FREEDOM DR**
STE 1100

City **RESTON** State **VA** Zip Code **20190-5634**

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2666.67**

Date of Receipt **MM / DD / YYYY**
03 / 21 / 2016

Transaction ID : **SA11.40892**

Amount of Each Receipt this Period **1000.00**

Memo Item CONTRIBUTION
DEBT RETIREMENT

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

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

6000.00

201604200200140360

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

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

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

City State Zip Code
DALLAS TX 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
03 / 21 / 2016
Transaction ID : **SA11.40891**

Amount of Each Receipt this Period
4000.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
B. AXA EQUITABLE LIFE INSURANCE COMPANY POLITICAL ACTION COMMIT

Mailing Address **1290 AVENUE OF THE AMERICAS**

City State Zip Code
NEW YORK NY 10104-0101

FEC ID number of contributing federal political committee. **C C00161901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
03 / 23 / 2016
Transaction ID : **SA11.40895**

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
C. BACARDI U S A INC POLITICAL ACTION COMMITTEE

Mailing Address **2701 LE JEUNE ROAD**

City State Zip Code
CORAL GABLES FL 33134-5809

FEC ID number of contributing federal political committee. **C C00160838**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
02 / 29 / 2016
Transaction ID : **SA11.40854**

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **6000.00**

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

201604200200146367

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
BAYER CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **100 BAYER ROAD**

City **PITTSBURGH** State **PA** Zip Code **15205-9707**

FEC ID number of contributing federal political committee. **C C00281162**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SA11.40871**

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAYER CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **100 BAYER ROAD**

City **PITTSBURGH** State **PA** Zip Code **15205-9707**

FEC ID number of contributing federal political committee. **C C00281162**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : **SA11.40875**

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIDGEPOINT EDUCATION, INC. PAC

Mailing Address **13500 EVENING CREEK DRIVE NORTH**

City **SAN DIEGO** State **CA** Zip Code **92128-8104**

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : **SA11.40885**

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

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

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

7500.00

201604200200140200

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

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

FOR LINE NUMBER: PAGE 26 OF 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
BUTTERBALL POLITICAL ACTION COMMITTEE INC

Mailing Address **P.O. BOX 2389**

City **GARNER** State **NC** Zip Code **27529-2389**

FEC ID number of contributing federal political committee. **C C00442046**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016
 Transaction ID : SA11.40840

Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
CENTRUS ENERGY CORP. PAC

Mailing Address **6903 ROCKLEDGE DRIVE**

City **BETHESDA** State **MD** Zip Code **20817-1818**

FEC ID number of contributing federal political committee. **C C00355719**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016
 Transaction ID : SA11.40830

Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARTER COMMUNICATIONS INC. PAC (CHARTERPAC)

Mailing Address **12405 POWERSCOURT DRIVE**

City **ST. LOUIS** State **MO** Zip Code **63131-3673**

FEC ID number of contributing federal political committee. **C C00356808**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016
 Transaction ID : SA11.40893

Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

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

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

5000.00

201604200200146369

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPO

Mailing Address **6101 BOLLINGER CANYON ROAD**
ROOM 3418

City **SAN RAMON** State **CA** Zip Code **94583-5177**

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : **SA11.40897**

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
CONVERGYS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **201 EAST 4TH STREET**

City **CINCINNATI** State **OH** Zip Code **45202-4248**

FEC ID number of contributing federal political committee. **C C00350108**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : **SA11.40827**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
COOK GROUP INC PAC

Mailing Address **901 NEW YORK AVENUE NW THIRD FLOOR**

City **WASHINGTON** State **DC** Zip Code **20001-4832**

FEC ID number of contributing federal political committee. **C C00399089**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SA11.40853**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **2500.00**

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

201604200200146390

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
CTIA - THE WIRELESS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1400 16TH STREET NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20036-2225**

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
MM / DD / YYYY
03 / 21 / 2016

Transaction ID : **SA11.40890**

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
DAVITA HEALTHCARE PARTNERS INC. POLITICAL ACTION COMMITTEE (

Mailing Address **32275 32ND AVE, S.**

City **FEDERAL WAY** State **WA** Zip Code **98001-9616**

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
03 / 08 / 2016

Transaction ID : **SA11.40886**

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
DELTA AIR LINES POLITICAL ACTION COMMITTEE

Mailing Address **1212 NEW YORK AVENUE NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20005-6609**

FEC ID number of contributing federal political committee. **C C00104802**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 17 / 2016

Transaction ID : **SA11.40888**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) **3500.00**

TOTAL This Period (last page this line number only)

201604200200140391

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC

Mailing Address **500 8TH STREET, NW**

City State Zip Code
WASHINGTON DC 20004-2131

FEC ID number of contributing federal political committee. **C C00151340**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
02 / 29 / 2016

Transaction ID : **SA11.40856**

Amount of Each Receipt this Period
1500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
E.I. DU PONT DE NEMOURS COMPANY GOOD GOVERNMENT FUND (DUPONT

Mailing Address **974 CENTRE RD - CRP 730/4360-1
ATTN: CRAIG D. HODGES**

City State Zip Code
WILMINGTON DE 19805-1269

FEC ID number of contributing federal political committee. **C C00171926**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000.00**

Date of Receipt
 MM / DD / YYYY
03 / 14 / 2016

Transaction ID : **SA11.40880**

Amount of Each Receipt this Period
2000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
GENENTECH INC. POLITICAL ACTION COMMITTEE

Mailing Address **1 DNA WAY**

City State Zip Code
SO. SAN FRANCISCO CA 94080-4918

FEC ID number of contributing federal political committee. **C C00199257**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
03 / 23 / 2016

Transaction ID : **SA11.40902**

Amount of Each Receipt this Period
2500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional) **6000.00**

TOTAL This Period (last page this line number only)

201604200148392

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC)

A. Mailing Address **2941 FAIRVIEW PARK DR.
SUITE 100**

City **FALLS CHURCH** State **VA** Zip Code **22042-4541**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
02 / 09 / 2016
Transaction ID : SA11.40833

Amount of Each Receipt this Period
1500.00
 Memo Item
CONTRIBUTION
DEBT, RETIREMENT

B. Full Name (Last, First, Middle Initial)
GOLD AND SILVER POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address **5855 TOPANGA CANYON BLVD, STE 410**

City **WOODLAND HILLS** State **CA** Zip Code **91367-4677**

FEC ID number of contributing federal political committee. **C C00487892**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11.40912

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GOOGLE INC. NETPAC

Mailing Address **25 MASSACHUSETTS AVE, NW
9TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20001-1430**

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt
02 / 01 / 2016
Transaction ID : SA11.40829

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **3500.00**

TOTAL This Period (last page this line number only)

201604200200146393

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
HILTON WORLDWIDE POLITICAL ACTION COMMITTEE

Mailing Address **7930 JONES BRANCH DRIVE, STE 1100**

City **MCLEAN** State **VA** Zip Code **22102-3313**

FEC ID number of contributing federal political committee. **C C00213074**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : **SA11.40857**

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
IHEARTMEDIA, INC. - CLEAR CHANNEL OUTDOOR PAC

Mailing Address **200 E. BASSE ROAD**

City **SAN ANTONIO** State **TX** Zip Code **78209-4489**

FEC ID number of contributing federal political committee. **C C00279216**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : **SA11.40911**

Amount of Each Receipt this Period
2500.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address **175 BERKELEY STREET**

City **BOSTON** State **MA** Zip Code **02116-5066**

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : **SA11.40844**

Amount of Each Receipt this Period
5000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

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

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

8500.00

201604200200146394

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **1301 CONCORD TERRACE**

City State Zip Code
SUNRISE FL 33323-2843

FEC ID number of contributing federal political committee. **C C00469205**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
02 / 29 / 2016
 Transaction ID : **SA11.40850**

Amount of Each Receipt this Period
2500.00
 Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION

Mailing Address **1600 DUKE STREET**

City State Zip Code
ALEXANDRIA VA 22314-3466

FEC ID number of contributing federal political committee. **C C00126763**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)
 Election Cycle-to-Date **7500.00**

Date of Receipt
 MM / DD / YYYY
02 / 29 / 2016
 Transaction ID : **SA11.40872**

Amount of Each Receipt this Period
2500.00
 Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COT

Mailing Address **P.O. BOX 2995**

City State Zip Code
CORDOVA TN 38088-2995

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
02 / 08 / 2016
 Transaction ID : **SA11.40831**

Amount of Each Receipt this Period
1000.00
 Memo Item
 CONTRIBUTION
 DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... **6000.00**

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

201604200200146395

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

Full Name (Last, First, Middle Initial)
NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

Mailing Address 1225 NEW YORK AVE NW
STE 400

City WASHINGTON State DC Zip Code 20005-6404

FEC ID number of contributing federal political committee. **C** C00076182

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt MM / DD / YYYY
03 / 29 / 2016

Transaction ID : SA11.40898

Amount of Each Receipt this Period 2500.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. NOVO NORDISK INC. PAC (NOVO NORDISK PAC)

Full Name (Last, First, Middle Initial)
NOVO NORDISK INC. PAC (NOVO NORDISK PAC)

Mailing Address 920 MASSACHUSETTS AVE, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001-4598

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt MM / DD / YYYY
02 / 10 / 2016

Transaction ID : SA11.40834

Amount of Each Receipt this Period 1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

C. PRIME POLICY GROUP LLC/BURSON-MARSTELLER POLITICAL ACTION CO

Full Name (Last, First, Middle Initial)
PRIME POLICY GROUP LLC/BURSON-MARSTELLER POLITICAL ACTION CO

Mailing Address 1110 VERMONT AVENUE, NW
SUITE 1000

City WASHINGTON State DC Zip Code 20005-3551

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2016

Transaction ID : SA11.40882

Amount of Each Receipt this Period 1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional)..... 4500.00

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

201604200200140396

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b
<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **55 CORPORATE DRIVE**

City State Zip Code
BRIDGEWATER NJ 08807-1265

FEC ID number of contributing federal political committee. **C C00144345**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
02 / 10 / 2016
Transaction ID : SA11.40836

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
SYNGENTA CORPORATION EMPLOYEE POLITICAL ACTION COMMITTEE (SY

Mailing Address **1775 PENNSYLVANIA AVENUE NW SUITE 600**

City State Zip Code
WASHINGTON DC 20006-4602

FEC ID number of contributing federal political committee. **C C00363945**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
02 / 24 / 2016
Transaction ID : SA11.40843

Amount of Each Receipt this Period
1500.00
 Memo Item
CONTRIBUTION
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)
THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)

Mailing Address **2030 DOW CENTER**

City State Zip Code
MIDLAND MI 48674-1500

FEC ID number of contributing federal political committee. **C C00074096**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
01 / 27 / 2016
Transaction ID : SA11.40826

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **3500.00**

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

201604200200140397

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address **55 GLENLAKE PARKWAY NE**

City **ATLANTA** State **GA** Zip Code **30328-3474**

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
MM / DD / YYYY
02 / 29 / 2016

Transaction ID : **SA11.40851**

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA E

Mailing Address **9800 FREDERICKSBURG ROAD**

City **SAN ANTONIO** State **TX** Zip Code **78288-0001**

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SA11.40914**

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNIVERSAL TECHNICAL INSTITUTE INC PAC (UTIPAC)

Mailing Address **16220 N. SCOTTSDALE RD
STE 100**

City **SCOTTSDALE** State **AZ** Zip Code **85254-1825**

FEC ID number of contributing federal political committee. **C C00497545**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
02 / 10 / 2016

Transaction ID : **SA11.40835**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5000.00**

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

201604200200149596

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial)
UNIVERSAL TECHNICAL INSTITUTE INC PAC (UTIPAC)

Mailing Address **16220 N. SCOTTSDALE RD**
STE 100

City **SCOTTSDALE** State **AZ** Zip Code **85254-1825**

FEC ID number of contributing federal political committee. **C C00497545**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : **SA11.40842**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
WARD AND SMITH. P.A. POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 867**

City **NEW BERN** State **NC** Zip Code **28563-0867**

FEC ID number of contributing federal political committee. **C C00491506**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : **SA11.40879**

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
**DEBT RETIREMENT - CONTRIBUTION REFUNDED
 ON 4/12/2016**

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2000.00

72250.00

201604200200149369

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 OF 67
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)
FOLEY & LARDNER LLP

A. Mailing Address **3000 K STREET, NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20007**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1847.56**

Date of Receipt
03 / 18 / 2016

Transaction ID : **SA14.2735**

Amount of Each Receipt this Period
1847.56

Memo Item
VENDOR REFUND

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1847.56

1847.56

201604200200140400

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. JORDAN P SHAW		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City RALEIGH	State NC	
Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	Transaction ID : SB17.12673
Candidate Name	Category/Type	
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. JORDAN P SHAW		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City RALEIGH	State NC	
Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	Transaction ID : SB17.12715
Candidate Name	Category/Type	
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. JORDAN P SHAW		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City RALEIGH	State NC	
Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	Transaction ID : SB17.12734
Candidate Name	Category/Type	
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).....	3000.00
TOTAL This Period (last page this line number only).....	

201604200200140401

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. SUSAN TILLIS		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016	
Mailing Address PO BOX 2489		Amount of Each Disbursement this Period 869.40	
City CORNELIUS	State NC	Zip Code 28031-2489	<input type="checkbox"/> Memo Item
Purpose of Disbursement MILEAGE		Category/ Type	
Candidate Name		Transaction ID : SB17.I2728	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 17.66	
City DFW AIRPORT	State TX	Zip Code 75261	<input type="checkbox"/> Memo Item
Purpose of Disbursement AIRFARE		Category/ Type	
Candidate Name		Transaction ID : SB17.I2681	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016	
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 398.70	
City DFW AIRPORT	State TX	Zip Code 75261	<input type="checkbox"/> Memo Item
Purpose of Disbursement AIRFARE		Category/ Type	
Candidate Name		Transaction ID : SB17.I2682	
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).....	1285.76
TOTAL This Period (last page this line number only).....	

201604200200140402

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 445.60 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261		Transaction ID : SB17.I2685
Purpose of Disbursement AIRFARE	Category/ Type	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 270.70 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261		Transaction ID : SB17.I2719
Purpose of Disbursement AIRFARE	Category/ Type	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 30.37 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261		Transaction ID : SB17.I2720
Purpose of Disbursement AIRFARE	Category/ Type	
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).....	746.67
TOTAL This Period (last page this line number only).....	

201604200200140403

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 270.70 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2723
Candidate Name	Category/ Type	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 478.70 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2724
Candidate Name	Category/ Type	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 478.70 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2725
Candidate Name	Category/ Type	
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).....	1228.10
TOTAL This Period (last page this line number only).....	

20160420014903

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 380.70 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2732
Candidate Name	Category/Type	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 28 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 350.20 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2738
Candidate Name	Category/Type	
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 28 / 2016
Mailing Address PO BOX 619616		Amount of Each Disbursement this Period 61.37 <input type="checkbox"/> Memo Item
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2739
Candidate Name	Category/Type	
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).....	792.27
TOTAL This Period (last page this line number only).....	

201604200140405

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address **PO BOX 619616**

City **DFW AIRPORT** State **TX** Zip Code **75261**

Purpose of Disbursement **AIRFARE**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **03 / 28 / 2016**

Amount of Each Disbursement this Period: **334.20**

Memo Item

Transaction ID: **SB17.I2740**

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address **200 VESEY ST**

City **NEW YORK** State **NY** Zip Code **10281-1013**

Purpose of Disbursement **MERCHANT FEES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **01 / 05 / 2016**

Amount of Each Disbursement this Period: **82.67**

Memo Item

Transaction ID: **SB17.I2665**

C. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address **200 VESEY ST**

City **NEW YORK** State **NY** Zip Code **10281-1013**

Purpose of Disbursement **MERCHANT FEES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **02 / 05 / 2016**

Amount of Each Disbursement this Period: **29.20**

Memo Item

Transaction ID: **SB17.I2669**

SUBTOTAL of Disbursements This Page (optional) **446.07**

TOTAL This Period (last page this line number only)

201604200200140400

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address **200 VESEY ST**

City **NEW YORK** State **NY** Zip Code **10281-1013**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **03 / 07 / 2016**

Amount of Each Disbursement this Period: **36.43**

Memo Item

Transaction ID : **SB17.I2711**

B. AQUESTA BANK

Full Name (Last, First, Middle Initial)
Mailing Address **19510 JETTON RD**

City **CORNELIUS** State **NC** Zip Code **28031**

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **01 / 29 / 2016**

Amount of Each Disbursement this Period: **30.00**

Memo Item

Transaction ID : **SB17.I2647**

C. AQUESTA BANK

Full Name (Last, First, Middle Initial)
Mailing Address **19510 JETTON RD**

City **CORNELIUS** State **NC** Zip Code **28031**

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **02 / 29 / 2016**

Amount of Each Disbursement this Period: **30.00**

Memo Item

Transaction ID : **SB17.I2696**

SUBTOTAL of Disbursements This Page (optional) **96.43**

TOTAL This Period (last page this line number only)

201604200200140407

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 67
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. AQUESTA BANK

Full Name (Last, First, Middle Initial)
Mailing Address 19510 JETTON RD

City CORNELIUS State NC Zip Code 28031

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2016

Amount of Each Disbursement this Period
30.00

Memo Item

Transaction ID : SB17.I2708

B. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address 6659 FALLS OF NEUSE RD

City RALEIGH State NC Zip Code 27615-6816

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 04 / 2016

Amount of Each Disbursement this Period
15.00

Memo Item

Transaction ID : SB17.I2670

C. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address 6659 FALLS OF NEUSE RD

City RALEIGH State NC Zip Code 27615-6816

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 19 / 2016

Amount of Each Disbursement this Period
20.00

Memo Item

Transaction ID : SB17.I2675

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

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

65.00

201604200200140406

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 6659 FALLS OF NEUSE RD

City RALEIGH State NC Zip Code 27615-6816

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Amount of Each Disbursement this Period

15.00

Memo Item

Transaction ID : SB17.I2683

B. BB&T

Mailing Address 6659 FALLS OF NEUSE RD

City RALEIGH State NC Zip Code 27615-6816

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Amount of Each Disbursement this Period

20.00

Memo Item

Transaction ID : SB17.I2721

C. BB&T

Mailing Address 6659 FALLS OF NEUSE RD

City RALEIGH State NC Zip Code 27615-6816

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Amount of Each Disbursement this Period

15.00

Memo Item

Transaction ID : SB17.I2727

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

50.00

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

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201604200200140409

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address **6659 FALLS OF NEUSE RD**

City **RALEIGH** State **NC** Zip Code **27615-6816**

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2016

Amount of Each Disbursement this Period
20.00

Memo Item

Transaction ID : **SB17.12736**

B. BEST BUY

Full Name (Last, First, Middle Initial)

Mailing Address **10221 PERIMETER PKWY**

City **CHARLOTTE** State **NC** Zip Code **28216-2441**

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 01 / 2016

Amount of Each Disbursement this Period
52.86

Memo Item

Transaction ID : **SB17.12697**

C. CAPITOL COMMUNICATIONS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address **P.O. BOX 876**

City **GRANITE FALLS** State **NC** Zip Code **28630**

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 19 / 2016

Amount of Each Disbursement this Period
35000.00

Memo Item

Transaction ID : **SB17.12676**

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

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

35072.86

201604200146410

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. CM&CO, LLC		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016	
Mailing Address PO BOX 97275		Amount of Each Disbursement this Period 3977.52	
City RALEIGH	State NC	Zip Code 27624-7275	<input type="checkbox"/> Memo Item
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.I2672	
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. CM&CO, LLC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016	
Mailing Address PO BOX 97275		Amount of Each Disbursement this Period 2862.38	
City RALEIGH	State NC	Zip Code 27624-7275	<input type="checkbox"/> Memo Item
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.I2733	
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. CMDI		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016	
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 1250.00	
City TYSONS CORNER	State VA	Zip Code 22182-2245	<input type="checkbox"/> Memo Item
Purpose of Disbursement SOFTWARE		Category/ Type	
Candidate Name		Transaction ID : SB17.I2642	
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).....	8089.90
TOTAL This Period (last page this line number only).....	

201604200200146411

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 1250.00
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement SOFTWARE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2652
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. CMDI		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 24.75
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement MERCHANT FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2664
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. CMDI		Date of Disbursement MM / DD / YYYY 01 / 24 / 2016
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 22.75
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement MERCHANT FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2666
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).....	1297.50
TOTAL This Period (last page this line number only).....	

201604200200146412

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement
Mailing Address 1593 SPRING HILL RD SUITE 400		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City TYSONS CORNER	State VA	Zip Code 22182-2245
Purpose of Disbursement MERCHANT FEES	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="48.25"/>
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2668
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement
Mailing Address 1593 SPRING HILL RD SUITE 400		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City TYSONS CORNER	State VA	Zip Code 22182-2245
Purpose of Disbursement SOFTWARE	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="1250.00"/>
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2698
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement
Mailing Address 1593 SPRING HILL RD SUITE 400		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City TYSONS CORNER	State VA	Zip Code 22182-2245
Purpose of Disbursement MERCHANT FEES	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="2.70"/>
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2709
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="1300.95"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

201604200200146413

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 67
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2016

Amount of Each Disbursement this Period: 176.90

Memo Item

Transaction ID : SB17.I2710

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2016

Amount of Each Disbursement this Period: 42.40

Memo Item

Transaction ID : SB17.I2712

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 27 / 2016

Amount of Each Disbursement this Period: 49.25

Memo Item

Transaction ID : SB17.I2713

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

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

268.55

201604200140414

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL INSTITUTE		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 1700 DIAGONAL RD STE 730		Amount of Each Disbursement this Period 474.00
City ARLINGTON	State VA	Zip Code 22314
Purpose of Disbursement LODGING, TRANSPORTATION, FOOD / BEVERAGE, REGISTRATION		<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12671
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. DC TASTE		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 1600 FITZGERALD LN		Amount of Each Disbursement this Period 254.40
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FOOD / BEVERAGE		<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12677
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. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address NASHVILLE INTERNATIONAL AIRPORT 1 TERMINAL DR		Amount of Each Disbursement this Period 350.95
City NASHVILLE	State TN	Zip Code 37214
Purpose of Disbursement TRANSPORTATION		<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.12662
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).....	1079.35
TOTAL This Period (last page this line number only).....	

201604200200140415

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. FLS CONNECT		Date of Disbursement
Mailing Address 7300 HUDSON BLVD S		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SAINT PAUL	State MN	Zip Code 55128
Purpose of Disbursement TELEPHONE SERVICES	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="308.68"/>
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2714
State: District:		

Full Name (Last, First, Middle Initial) B. HOTEL WHITCOMB		Date of Disbursement
Mailing Address 1231 MARKET ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement LODGING	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="1963.25"/>
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2663
State: District:		

Full Name (Last, First, Middle Initial) C. HOTEL WHITCOMB		Date of Disbursement
Mailing Address 1231 MARKET ST		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement LODGING	<input type="text" value="Category/Type"/>	Amount of Each Disbursement this Period <input type="text" value="2137.02"/>
Candidate Name		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2688
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="4408.95"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

201604200146416

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. LAKE NORMAN STORAGE		Date of Disbursement
Mailing Address 18926 W CATAWBA AVE		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City CORNELIUS	State NC	Zip Code 28031
Purpose of Disbursement STORAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="75.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2643
State: District:		

Full Name (Last, First, Middle Initial) B. LAKE NORMAN STORAGE		Date of Disbursement
Mailing Address 18926 W CATAWBA AVE		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City CORNELIUS	State NC	Zip Code 28031
Purpose of Disbursement STORAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="75.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2654
State: District:		

Full Name (Last, First, Middle Initial) C. LAKE NORMAN STORAGE		Date of Disbursement
Mailing Address 18926 W CATAWBA AVE		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City CORNELIUS	State NC	Zip Code 28031
Purpose of Disbursement STORAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="75.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2701
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

201604200140417

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 03 / 24 / 2016	
Mailing Address 600 UNICORN PARK DRIVE		Amount of Each Disbursement this Period 29.49	
City WOBURN	State MA	Zip Code 01801	<input type="checkbox"/> Memo Item
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	
Candidate Name		Transaction ID : SB17.12707	
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. RELYUS		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 3469 BLACK & DECKER RD		Amount of Each Disbursement this Period 1964.48	
City HOPE MILLS	State NC	Zip Code 28348	<input type="checkbox"/> Memo Item
Purpose of Disbursement PRINTING SERVICES		Category/ Type	
Candidate Name		Transaction ID : SB17.12678	
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. SHELL		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016	
Mailing Address 135 MAIN ST		Amount of Each Disbursement this Period 32.61	
City MASHPEE	State MA	Zip Code 02649	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUEL		Category/ Type	
Candidate Name		Transaction ID : SB17.12700	
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).....	2026.58
TOTAL This Period (last page this line number only).....	

201604200200140410

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. SHELL		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 135 MAIN ST		Amount of Each Disbursement this Period 33.75	
City MASHPEE	State MA	Zip Code 02649	<input type="checkbox"/> Memo Item
Purpose of Disbursement FUEL		Category/ Type	
Candidate Name		Transaction ID : SB17.12704	
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. SOUTHWEST AIRLINES CO		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016	
Mailing Address PO BOX 36611		Amount of Each Disbursement this Period 242.98	
City DALLAS	State TX	Zip Code 75235	<input type="checkbox"/> Memo Item
Purpose of Disbursement AIRFARE		Category/ Type	
Candidate Name		Transaction ID : SB17.12684	
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. THE BREAKERS PALM BEACH		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016	
Mailing Address 1 S COUNTY RD		Amount of Each Disbursement this Period 491.35	
City PALM BEACH	State FL	Zip Code 33480	<input type="checkbox"/> Memo Item
Purpose of Disbursement LODGING		Category/ Type	
Candidate Name		Transaction ID : SB17.12648	
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).....	768.08
TOTAL This Period (last page this line number only).....	

201604200200146419

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 67
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. THE STONERIDGE GROUP, LLC		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 4400 N POINT PKWY SUITE 190		Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Memo Item
City ALPHARETTA	State GA	
Zip Code 30022-2472		Transaction ID : SB17.I2645
Purpose of Disbursement ONLINE SERVICES		
Candidate Name		Category/ Type
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. THE STONERIDGE GROUP, LLC		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 4400 N POINT PKWY SUITE 190		Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Memo Item
City ALPHARETTA	State GA	
Zip Code 30022-2472		Transaction ID : SB17.I2693
Purpose of Disbursement ONLINE SERVICES		
Candidate Name		Category/ Type
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. THE STONERIDGE GROUP, LLC		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 4400 N POINT PKWY SUITE 190		Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Memo Item
City ALPHARETTA	State GA	
Zip Code 30022-2472		Transaction ID : SB17.I2705
Purpose of Disbursement ONLINE SERVICES		
Candidate Name		Category/ Type
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).....	59.85
TOTAL This Period (last page this line number only).....	

201604200146420

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 29.54	
City SAN FRANCISCO	State CA	Zip Code 94105-1611	<input type="checkbox"/> Memo Item
Purpose of Disbursement TRANSPORTATION		Category/ Type	
Candidate Name		Transaction ID : SB17.12646	
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. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016	
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 5.00	
City SAN FRANCISCO	State CA	Zip Code 94105-1611	<input type="checkbox"/> Memo Item
Purpose of Disbursement TRANSPORTATION		Category/ Type	
Candidate Name		Transaction ID : SB17.12650	
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. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016	
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 15.15	
City SAN FRANCISCO	State CA	Zip Code 94105-1611	<input type="checkbox"/> Memo Item
Purpose of Disbursement TRANSPORTATION		Category/ Type	
Candidate Name		Transaction ID : SB17.12653	
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).....	49.69
TOTAL This Period (last page this line number only).....	

201604200200146421

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Memo Item
City CHICAGO	State IL	
Purpose of Disbursement AIRFARE	Zip Code 60666	Transaction ID : SB17.12661
Candidate Name	Category/ Type	
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 870.19 <input type="checkbox"/> Memo Item
City CHICAGO	State IL	
Purpose of Disbursement AIRFARE	Zip Code 60666	Transaction ID : SB17.12679
Candidate Name	Category/ Type	
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 870.19 <input type="checkbox"/> Memo Item
City CHICAGO	State IL	
Purpose of Disbursement AIRFARE	Zip Code 60666	Transaction ID : SB17.12680
Candidate Name	Category/ Type	
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).....	1790.38
TOTAL This Period (last page this line number only).....	

201604200200140422

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 67
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2686
Candidate Name	Category/Type	
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address PO BOX 66100		Amount of Each Disbursement this Period 44.00 <input type="checkbox"/> Memo Item
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2687
Candidate Name	Category/Type	
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. US SENATE		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 2 CONSTITUTION AVE NE		Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Memo Item
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I2674
Candidate Name	Category/Type	
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).....	329.00
TOTAL This Period (last page this line number only).....	

201604200200140423

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address **2 CONSTITUTION AVE NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 24 / 2016

Amount of Each Disbursement this Period
25.00

Memo Item

Transaction ID : **SB17.I2722**

B. US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address **2 CONSTITUTION AVE NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PHOTOGRAPHS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 29 / 2016

Amount of Each Disbursement this Period
5.00

Memo Item

Transaction ID : **SB17.I2726**

C. US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address **2 CONSTITUTION AVE NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
PAPER SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 25 / 2016

Amount of Each Disbursement this Period
350.00

Memo Item

Transaction ID : **SB17.I2737**

SUBTOTAL of Disbursements This Page (optional)..... **380.00**

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

20160420020014042

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 67

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007-2141

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Amount of Each Disbursement this Period

100.78

Memo Item

Transaction ID : SB17.I2641

B. VERIZON

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007-2141

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Amount of Each Disbursement this Period

100.91

Memo Item

Transaction ID : SB17.I2655

C. VERIZON

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007-2141

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Amount of Each Disbursement this Period

100.91

Memo Item

Transaction ID : SB17.I2702

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

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

302.60

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201604200200146425

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. WESTIN		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016	
Mailing Address 5011 WESTHEIMER RD		Amount of Each Disbursement this Period 45.41	
City HOUSTON	State TX	Zip Code 77056	<input type="checkbox"/> Memo Item
Purpose of Disbursement LODGING	Category/ Type		
Candidate Name		Transaction ID : SB17.I2694	
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. WESTIN		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016	
Mailing Address 5011 WESTHEIMER RD		Amount of Each Disbursement this Period 349.83	
City HOUSTON	State TX	Zip Code 77056	<input type="checkbox"/> Memo Item
Purpose of Disbursement LODGING	Category/ Type		
Candidate Name		Transaction ID : SB17.I2716	
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. WESTIN		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016	
Mailing Address 5011 WESTHEIMER RD		Amount of Each Disbursement this Period 349.83	
City HOUSTON	State TX	Zip Code 77056	<input type="checkbox"/> Memo Item
Purpose of Disbursement LODGING	Category/ Type		
Candidate Name		Transaction ID : SB17.I2717	
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).....	745.07
TOTAL This Period (last page this line number only).....	65904.61

201604200146426

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 67
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)
Thom Tillis Committee

A. TILLIS MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 28 / 2016

Amount of Each Disbursement this Period: 5000.00

Memo Item

Transaction ID : SB18.I2741
TRANSFER OUT

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 5000.00

TOTAL This Period (last page this line number only)..... 5000.00

201604200200146427

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 67	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thom Tillis Committee

Full Name (Last, First, Middle Initial) A. MECKLENBURG COUNTY REPUBLICAN PARTY		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 500 E MOREHEAD ST STE 104		Amount of Each Disbursement this Period 4000.00
City CHARLOTTE State NC Zip Code 28202	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB21.12731
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00

201604200146426

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Thom Tillis Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Communications, Inc.		Nature of Debt (Purpose): Management Consulting
Mailing Address PO Box 876		
City Granite Falls	State NC	Zip Code 28630

Outstanding Balance Beginning This Period 35000.00	Transaction ID : SD01.00003
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 35000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor H2 Capital Consulting, LLC		Nature of Debt (Purpose): Site Fee/Food/Beverage
Mailing Address 325 7th Street, NW Suite 400		
City Washington	State DC	Zip Code 20004

Outstanding Balance Beginning This Period 29481.65	Transaction ID : SD01.00038
Amount Incurred This Period 12000.00	Outstanding Balance at Close of This Period 41481.65
Payment This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Highwood Capital, LLC		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 915 E St, NW, #613		
City Washington	State DC	Zip Code 20004

Outstanding Balance Beginning This Period 29694.70	Transaction ID : SD01.00006
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 29694.70
Payment This Period 0.00	

1) SUBTOTALS This Period This Page (optional) ...	71176.35
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

20160420020014429

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Thom Tillis Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lucy Croxton Consulting

Nature of Debt (Purpose):

Fundraising Consulting, Insurance, Lodgi

Mailing Address 1315 East Blvd, Apt 311

City State

Charlotte

Zip Code

NC 28203

Outstanding Balance Beginning This Period

17000.00

Transaction ID : SD01.00039

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Macon Consulting

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address PO Box 3962

City State

Greenville

Zip Code

NC 27836

Outstanding Balance Beginning This Period

125000.00

Transaction ID : SD01.00002

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...

142000.00

2) TOTALS This Period (last page this line number only) ...

213176.35

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

213176.35

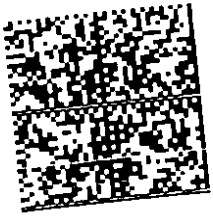
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	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

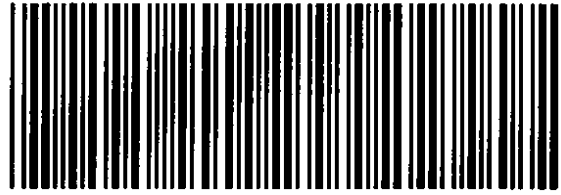
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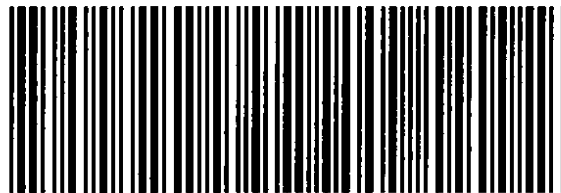
PREPARER DH DATE PREPARED 4-18-16

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