

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

16 FEB -2 AM 9:48  
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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00545772

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y 2015

through

M M /

D D /

Y Y Y Y Y Y 2015

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

Type or Print Name of Treasurer Collin McMichael

Signature of Treasurer

Date

M M /

D D /

Y Y Y Y Y Y 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)

201602040200057357

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 83

Write or Type Committee Name  
**Thom Tillis Committee**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	156116.24	1047220.48
(b) Total Contribution Refunds (from Line 20(d)) ..	1500.00	49381.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	154616.24	997839.32
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	148100.71	1548249.42
(b) Total Offsets to Operating Expenditures (from Line 14)...	338.00	38426.76
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	147762.71	1509822.66
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	153904.31	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	236176.35	

**For further information contact:**

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

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

201602040200037503

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 83

Write or Type Committee Name

**Thom Tillis Committee**

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

**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)...

61355.36

265303.90

(ii) Unitemized .....

260.88

7563.47

(iii) TOTAL of contributions  
from individuals .

61616.24

272867.37

(b) Political Party Committees...

0.00

0.00

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

94500.00

774353.11

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(ii), (b), (c), and (d))..

156116.24

1047220.48

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.) ..

338.00

38426.76

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)...

156454.24

1123502.52

201602040200057569

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	148100.71	1548249.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
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 ...	1500.00	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))...	1500.00	49381.16
21. OTHER DISBURSEMENTS ...	0.00	2150.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	149600.71	1849780.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	147050.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	156454.24
25. SUBTOTAL (add Line 23 and Line 24)...	303505.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	149600.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	153904.31

201802040200057570

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold. Partnership contributions include all required memo entries for attributed individuals. All additional individual receipts memos do not meet the \$200.00 per donor aggregate threshold.

Form/Schedule:

Transaction ID:

201602040200057371

**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 6 OF 83
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS F. BEDDOW**

Mailing Address **19 EDINBURGH LANE**

City **PINEHURST** State **NC** Zip Code **28374-6714**

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 **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

Transaction ID : **SA11.40349**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]**  
 DEBT RETIREMENT DEBT RETIREMENT, RA/RD  
 LETTER SENT 9/28/15

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS F. BEDDOW**

Mailing Address **19 EDINBURGH LANE**

City **PINEHURST** State **NC** Zip Code **28374-6714**

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 **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

Transaction ID : **SA11.40349B**

Amount of Each Receipt this Period  
**-1000.00**

CONTRIBUTION

**[MEMO ITEM]**  
 DEBT RETIREMENT DEBT RETIREMENT, RA/RD  
 LETTER SENT 9/28/15 REDESIGNATION TO  
 PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS F. BEDDOW**

Mailing Address **19 EDINBURGH LANE**

City **PINEHURST** State **NC** Zip Code **28374-6714**

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

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

Receipt For: 2020  
 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  
**10 / 15 / 2015**

Transaction ID : **SA11.40462**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]**  
 DEBT RETIREMENT, RA/RD LETTER SENT 9/28/15  
 REDESIGNATION FROM GENERAL

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

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

**0.00**

201502040200057372

**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 7 OF 83
	<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) <b>MR. JOHN R. BELK</b>		Date of Receipt MM / DD / YYYY 10 / 22 / 2015
Mailing Address 2801 W TYVOLA RD.		Transaction ID : SA11.40468
City CHARLOTTE	State NC	Zip Code 28217-4525
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer BELK, INC	Occupation PRESIDENT AND C.O.O.	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>MR. JOHN BOESCH</b>		Date of Receipt MM / DD / YYYY 10 / 22 / 2015
Mailing Address 35 MCMICHAEL DRIVE		Transaction ID : SA11.40469
City PINEHURST	State NC	Zip Code 28374-6702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 280.36 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation OWNER/OPERATOR ATMS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1280.36	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>MR. JOHN BOESCH</b>		Date of Receipt MM / DD / YYYY 11 / 20 / 2015
Mailing Address 35 MCMICHAEL DRIVE		Transaction ID : SA11.40506
City PINEHURST	State NC	Zip Code 28374-6702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation OWNER/OPERATOR ATMS	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1280.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1530.36
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200057173

**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 83
	<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) <b>MR. JOHN BOESCH</b>		Date of Receipt MM / DD / YYYY 12 / 23 / 2015
Mailing Address 35 MCMICHAEL DRIVE		Transaction ID : SA11.40771
City PINEHURST	State NC	
Zip Code 28374-6702		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation OWNER/OPERATOR ATMS	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1280.36	

Full Name (Last, First, Middle Initial) <b>MRS. LYDIA BOESCH</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015
Mailing Address 35 MCMICHAEL DR		Transaction ID : SA11.40334
City PINEHURST	State NC	
Zip Code 28374-6702		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	[MEMO ITEM]
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MRS. LYDIA BOESCH</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address 35 MCMICHAEL DR		Transaction ID : SA11.40334B
City PINEHURST	State NC	
Zip Code 28374-6702		Amount of Each Receipt this Period -103.34
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	[MEMO ITEM]
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	REDESIGNATION TO GENERAL

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

20150204020005737A



**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 83
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LYDIA BOESCH**

Mailing Address **35 MCMICHAEL DR**

City **PINEHURST** State **NC** Zip Code **28374-6702**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**11 / 05 / 2015**

Transaction ID : **SA11.40495**

Amount of Each Receipt this Period  
**103.34**

CONTRIBUTION

**[MEMO ITEM]**  
DEBT RETIREMENT REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**MRS. GERALDINE B. BRUBAKER**

Mailing Address **215 BACK CREEK CHURCH RD.**

City **ASHEBORO** State **NC** Zip Code **27205-2313**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**12 / 14 / 2015**

Transaction ID : **SA11.40518**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**HAROLD J. BRUBAKER**

Mailing Address **215 BACK CREEK CHURCH ROAD**

City **ASHEBORO** State **NC** Zip Code **27205-2313**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**12 / 14 / 2015**

Transaction ID : **SA11.40519**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**5200.00**

201502040200057375

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

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

FOR LINE NUMBER: PAGE 10 OF 83

(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)  
**JAMES J. BUTERA**

Mailing Address **499 S. CAPITOL STREET SW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20003-4037**

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

Name of Employer **JONES WALKER** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 22 / 2015**

**Transaction ID : SA11.40784**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY CAMPION**

Mailing Address **1675 MARKET STREET SUITE 201**

City **WESTON** State **FL** Zip Code **33326-3681**

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

Name of Employer **PATHWAYS** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 21 / 2015**

**Transaction ID : SA11.40767**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** 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 **1500.00**

Date of Receipt **11 / 17 / 2015**

**Transaction ID : SA11.40496**

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

201502040200057375

**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 11 OF 83
	<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) <b>JEFFREY CARMICHAEL</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2015
Mailing Address <b>448 STABLE VIEW CIRCLE</b>		Transaction ID : <b>SA11.40515</b>
City <b>CHATTANOOGA</b>	State <b>TN</b>	
Zip Code <b>37405-1238</b>		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>ROCKBRIDGE SENIOR LIVING GROUP</b>	Occupation <b>COO</b>	DEBT RETIREMENT DEBT RETIREMENT
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>MRS. JACQUELINE DAILEY COTTRELL</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2015
Mailing Address <b>6212 GENTLE LANE</b>		Transaction ID : <b>SA11.40488</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	
Zip Code <b>28278</b>		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>US SENATE</b>	Occupation <b>CHIEF OF STAFF</b>	DEBT RETIREMENT DEBT RETIREMENT
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>JULIE LYNN DAVENPORT</b>		Date of Receipt MM / DD / YYYY 12 / 30 / 2015
Mailing Address <b>1300 GLENNIS COURT</b>		Transaction ID : <b>SA11.40800</b>
City <b>WAKE FOREST</b>	State <b>NC</b>	
Zip Code <b>27587-6568</b>		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	DEBT RETIREMENT DEBT RETIREMENT
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

201502040200057377

**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 83
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**MR ROGER L. DAVENPORT**

Mailing Address 1300 GLENNIS CT

City State Zip Code  
WAKE FOREST NC 27587-6568

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

Name of Employer Occupation  
MEDFUSION PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : SA11.40801

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE STEELE DEWEY III**

Mailing Address 2616 BRIARCLIFF PLACE

City State Zip Code  
CHARLOTTE NC 28207-2646

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

Name of Employer Occupation  
ASHTON PROPERTIES, INC. CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2015

Transaction ID : SA11.40817

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT  
REFUNDED \$1,500.00 ON 12/11/2015

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

Mailing Address 698 PRESCOTT ROAD

City State Zip Code  
NEW BERN NC 28560-5913

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

Name of Employer Occupation  
DISABLED DISABLED AMERICAN VETERAN

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : SA11.40450

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

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

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

3025.00

201502040200057378

**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 83
	<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. SAL DISCIASCIO**

Mailing Address **698 PRESCOTT ROAD**

City <b>NEW BERN</b>	State <b>NC</b>	Zip Code <b>28560-5913</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>DISABLED</b>	Occupation <b>DISABLED AMERICAN VETERAN</b>
-------------------------------------	--

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **MM / DD / YYYY**  
**11 / 09 / 2015**

**Transaction ID : SA11.40490**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

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

Mailing Address **698 PRESCOTT ROAD**

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

Name of Employer <b>DISABLED</b>	Occupation <b>DISABLED AMERICAN VETERAN</b>
-------------------------------------	--

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **MM / DD / YYYY**  
**12 / 08 / 2015**

**Transaction ID : SA11.40516**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

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

Mailing Address **403 LLOYDS LANE**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302-3712</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>JENKINS HILL CONSULTING</b>	Occupation <b>MANAGING PARTNER</b>
--	---------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **MM / DD / YYYY**  
**12 / 18 / 2015**

**Transaction ID : SA11.40778**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**DEBT RETIREMENT DEBT RETIREMENT**

**SUBTOTAL** of Receipts This Page (optional)..... **550.00**

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

201602040200057379

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 83
	(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	

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) <b>JAY W. FAISON</b>		Date of Receipt MM / DD / YYYY 12 / 29 / 2015
Mailing Address 2120 STONEBRIDGE LANE		Transaction ID : SA11.40803
City CHARLOTTE	State NC	Zip Code 28211-1718
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer AMERICALEADS	Occupation MANAGING PARTNER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>OLGA M. FAISON</b>		Date of Receipt MM / DD / YYYY 12 / 28 / 2015
Mailing Address 1355 GREENWOOD CLIFF DRIVE		Transaction ID : SA11.40792
City CHARLOTTE	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer CHARLOTTE BALLET	Occupation BOARD MEMBER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>MR. THOMAS F. FARRELL</b>		Date of Receipt MM / DD / YYYY 10 / 22 / 2015
Mailing Address 9019 NORWICK ROAD		Transaction ID : SA11.40467
City RICHMOND	State VA	Zip Code 23229-7758
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer DOMINION RESOURCES	Occupation C. E O	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	DEBT RETIREMENT DEBT RETIREMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7700.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200057580

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 83
	(check only one)	
	<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) <b>ROBERT ANDREW GARRETT</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 5201 KINGSTON PIKE SUITE 6-321		Transaction ID : SA11.40806
City KNOXVILLE	State TN	Zip Code 37919-5026
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer POLARIS CONSULTING	Occupation CONSULTANT	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>MRS. LISA HERNDON GILLIAM</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 515 DORADO DR		Transaction ID : SA11.40812
City HIGH POINT	State NC	Zip Code 27265-8670
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>SHARI M. GRAHAM</b>		Date of Receipt MM / DD / YYYY 12 / 21 / 2015
Mailing Address 2719 CRENSHAW COURT		Transaction ID : SA11.40789
City SALISBURY	State NC	Zip Code 28144-8412
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	DEBT RETIREMENT DEBT RETIREMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

110150204020005751

**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 16 OF 83
	<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)  
**WILLIAM M. GRAHAM**

Mailing Address **2719 CRENSHAW COURT**

City <b>SALISBURY</b>	State <b>NC</b>	Zip Code <b>28144-8412</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>WALLACE AND GRAHAM</b>	Occupation <b>ATTORNEY</b>
---	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  

MM	DD	YYYY
12	21	2015

Transaction ID : **SA11.40790**

Amount of Each Receipt this Period  

2600.00
---------

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MR. E. HOOPER HARDISON JR.**

Mailing Address **1630 BRANDON ROAD**

City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28207-2102</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>CHARLOTTE PIPE</b>	Occupation <b>EXECUTIVE VP</b>
---	-----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

MM	DD	YYYY
10	19	2015

Transaction ID : **SA11.40454**

Amount of Each Receipt this Period  

500.00
--------

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**MRS. VICKI HART**

Mailing Address **3823 FORDHAM ROAD, NW**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20016-1935</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>HART HEALTH STRATEGIES</b>	Occupation <b>PRESIDENT</b>
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
12	18	2015

Transaction ID : **SA11.40779**

Amount of Each Receipt this Period  

500.00
--------

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

3600.00
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201502040200057582



**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 83  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
**MR. MATHIAS HUNOVAL**

Mailing Address **722 N. INGLESIDE FARM ROAD**

City State Zip Code  
**IRON STATION NC 28080-9239**

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

Name of Employer Occupation  
**THE HUNOVAL LAW FIRM, PLLC ATTORNEY**

Receipt For: 2020  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**5200.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 17 / 2015**

Transaction ID : **SA11.40766**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**MARY LORETAN JACKSON**

Mailing Address **9623 ALPHA ROAD**

City State Zip Code  
**DALLAS TX 75240**

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

Name of Employer Occupation  
**JACKSON VAUGHN MANAGING PARTNER**

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

Date of Receipt  
MM / DD / YYYY  
**12 / 22 / 2015**

Transaction ID : **SA11.40785**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**MR. ALEIX JARVIS**

Mailing Address **1306 CLAYBORNE HOUSE CT**

City State Zip Code  
**MCLEAN VA 22101-2402**

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

Name of Employer Occupation  
**FIERCE ISAKOWITZ PARTNER**

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

Date of Receipt  
MM / DD / YYYY  
**10 / 16 / 2015**

Transaction ID : **SA11.40451**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**4100.00**

**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 83
	<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**

Full Name (Last, First, Middle Initial) <b>MR. ALEIX JARVIS</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2015
Mailing Address 1306 CLAYBORNE HOUSE CT		Transaction ID : SA11.40451B
City MCLEAN	State VA	Zip Code 22101-2402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -400.00 CONTRIBUTION	
Name of Employer FIERCE ISAKOWITZ	Occupation PARTNER	[MEMO ITEM] DEBT RETIREMENT DEBT RETIREMENT REDESIGNATION TO PRIMARY
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>MR. ALEIX JARVIS</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2015
Mailing Address 1306 CLAYBORNE HOUSE CT		Transaction ID : SA11.40770
City MCLEAN	State VA	Zip Code 22101-2402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00 CONTRIBUTION	
Name of Employer FIERCE ISAKOWITZ	Occupation PARTNER	[MEMO ITEM] DEBT RETIREMENT REDESIGNATION FROM GENERAL
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>MR. BENJAMIN P. JENKINS III</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2015
Mailing Address 316 COLVILLE ROAD		Transaction ID : SA11.40463
City CHARLOTTE	State NC	Zip Code 28207-1912
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	DEBT RETIREMENT DEBT RETIREMENT
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

201502040200057314

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

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

FOR LINE NUMBER: PAGE 19 OF 83  
(check only one)  
 11a  11b  11c  11d  11e  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

**A.** Full Name (Last, First, Middle Initial)  
**PHILLIP JOHNSON**

Mailing Address **1060 WORLDS FAIR PARK DRIVE  
UNIT 504**

City **KNOXVILLE** State **TN** Zip Code **37916-2061**

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

Name of Employer **JPM MANAGEMENT** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **MM / DD / YYYY**  
**12 / 31 / 2015**

Transaction ID : **SA11.40805**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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 **2000.00**

Date of Receipt **MM / DD / YYYY**  
**10 / 15 / 2015**

Transaction ID : **SA11.40461**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRED W. KLEIN JR.**

Mailing Address **301 SOUTH COLLEGE STREET  
SUITE 2800**

City **CHARLOTTE** State **NC** Zip Code **28202-6033**

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

Name of Employer **CHILDRESS KLEIN PROPERTIES, INC.** Occupation **SENIOR MANAGING PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **MM / DD / YYYY**  
**10 / 09 / 2015**

Transaction ID : **SA11.40449**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

20150204020005733

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

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

FOR LINE NUMBER: PAGE 20 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
**MR. HAYNES P. LEA**

Mailing Address **2816 BELVEDERE AVE**

City State Zip Code  
**CHARLOTTE NC 28205-3706**

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

Name of Employer Occupation  
**ROBINSON BRADSHAW & HINSON, PA ATTORNEY**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 19 2015**

Transaction ID : **SA11.40452**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**MR. ALBERT L. MCAULAY JR.**

Mailing Address **1836 PINEWOOD CIR.**

City State Zip Code  
**CHARLOTTE NC 28211-1631**

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

Name of Employer Occupation  
**THE MCAULAY FIRM EXECUTIVE CONSULTANT**

Receipt For: 2014 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 19 2015**

Transaction ID : **SA11.40456**

Amount of Each Receipt this Period  
**800.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**MRS. LILLIAN MCAULAY**

Mailing Address **1836 PINEWOOD CIRCLE**

City State Zip Code  
**CHARLOTTE NC 28211-1631**

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

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2014 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 19 2015**

Transaction ID : **SA11.40459**

Amount of Each Receipt this Period  
**800.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

**2600.00**

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

15002030200057

**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 21 OF 83
	<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) <b>MR. NEILL G. MCBRYDE</b>		Date of Receipt MM / DD / YYYY <b>10 / 30 / 2015</b>
Mailing Address <b>851 HEMPSTEAD PL</b>		<b>Transaction ID : SA11.40477</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28207-2323</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>450.00</b>	
Name of Employer <b>MOORE AND VAN ALLEN PLLC</b>	Occupation <b>LAWYER</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>450.00</b>	<b>DEBT RETIREMENT DEBT RETIREMENT</b>

Full Name (Last, First, Middle Initial) <b>MR. MALLOY MCDANIEL</b>		Date of Receipt MM / DD / YYYY <b>11 / 06 / 2015</b>
Mailing Address <b>2407 CAMERON MILLS RD.</b>		<b>Transaction ID : SA11.40482</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302-3302</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>BLANK ROME GOVERNMENT RELATIONS LL</b>	Occupation <b>PRINCIPAL</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	<b>DEBT RETIREMENT DEBT RETIREMENT</b>

Full Name (Last, First, Middle Initial) <b>MS. SALLY S. MCMAHAN</b>		Date of Receipt MM / DD / YYYY <b>10 / 22 / 2015</b>
Mailing Address <b>1959 QUEENS ROAD W</b>		<b>Transaction ID : SA11.40466</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28207-2705</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1600.00</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1600.00</b>	<b>DEBT RETIREMENT DEBT RETIREMENT</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

201502040200057387

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 83
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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. 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 **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**12 / 18 / 2015**

Transaction ID : **SA11.40777**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MR. IVAN MOTHERSHEAD, III**

Mailing Address **PO BOX 30036**

City **CHARLOTTE** State **NC** Zip Code **28230-0036**

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

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

Receipt For: 2020  
 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 Y Y  
**11 / 05 / 2015**

Transaction ID : **SA11.40481**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES B. NEELY JR.**

Mailing Address **3065 GRANVILLE DRIVE**

City **RALEIGH** State **NC** Zip Code **27609-6917**

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

Name of Employer **WILLIAMS MULLEN** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**12 / 02 / 2015**

Transaction ID : **SA11.40513**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**1500.00**

201502040200057133

**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 83
	<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) <b>MR. BERNARD R. OKUN</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2015
Mailing Address 6612 MAUGH ROAD		Transaction ID : SA11.40448
City MCLEAN	State VA	Zip Code 22101-4021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer THE O GROUP	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>MR. RAVI C. PATEL</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2015
Mailing Address 5924 OLD WELL HOUSE RD		Transaction ID : SA11.40479
City CHARLOTTE	State NC	Zip Code 28226-2669
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SREE	Occupation HOSPITALITY	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>MR. RODNEY C. PITTS</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2015
Mailing Address 227 WEST 4TH STREET SUITE 201		Transaction ID : SA11.40799
City CHARLOTTE	State NC	Zip Code 28202-1884
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SOUTHERN ELEVATOR COMPANY, INC.	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	DEBT RETIREMENT DEBT RETIREMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

201502040200057

**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 83
	<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)  
**MR. JOE LEE PRICE, II**

Mailing Address **2542 FOREST DRIVE**

City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28211-2110</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

MM	DD	YYYY
10	19	2015

Transaction ID : **SA11.40458**

Amount of Each Receipt this Period  

500.00
--------

CONTRIBUTION  
DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**KRISTI REMINGTON**

Mailing Address **3313 N KENSINGTON STREET**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22207-1324</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>WEST FRONT STRATEGIES LLC</b>	Occupation <b>CONSULTANT</b>
--	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
11	06	2015

Transaction ID : **SA11.40483**

Amount of Each Receipt this Period  

1000.00
---------

CONTRIBUTION  
DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**MR. GLENN SHERRILL**

Mailing Address **PO BOX 19653**

City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28219-9653</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>STEELFAB INC</b>	Occupation <b>PRESIDENT</b>
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

MM	DD	YYYY
10	19	2015

Transaction ID : **SA11.40455**

Amount of Each Receipt this Period  

500.00
--------

CONTRIBUTION  
DEBT RETIREMENT DEBT RETIREMENT

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

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

2000.00
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2015020402000574199



**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 83
	<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)  
**MR. RONALD GLENN SHERRILL JR.**

Mailing Address P.O. BOX 19083

City CHARLOTTE State NC Zip Code 28219-9083

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

Name of Employer STEEL FAB, INC. Occupation C.E.O.

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 10 / 30 / 2015

Transaction ID : SA11.40478

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. CHARLES V. SIKES, JR.**

Mailing Address 120 JOHNSON STREET

City BROADWAY State NC Zip Code 27505-9503

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

Name of Employer FAMILY EYE CARE Occupation OPTOMETRIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt 12 / 21 / 2015

Transaction ID : SA11.40791

Amount of Each Receipt this Period 250.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**JOHN SIMMONS**

Mailing Address 500 N. CAPITOL ST. NW

City WASHINGTON State DC Zip Code 20001-1531

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

Name of Employer THE ROOSEVELT GROUP Occupation GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 12 / 31 / 2015

Transaction ID : SA11.40802

Amount of Each Receipt this Period 500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**SUBTOTAL** of Receipts This Page (optional)..... 1750.00

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

11030204020005700001

**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 83
	(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)  
**MR. THOMAS E. SKAINS**

Mailing Address **7714 BALTUSROL LANE**

City **CHARLOTTE** State **NC** Zip Code **28210-4930**

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

Name of Employer **PIEDMONT NATURAL GAS** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt **10 / 27 / 2015**  
Transaction ID : **SA11.40470**

Amount of Each Receipt this Period  
**1600.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN SMITH**

Mailing Address **9302 BOLEY PLACE**

City **NOKESVILLE** State **VA** Zip Code **20181-1243**

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

Name of Employer **REGIONS BANK** Occupation **GOVERNMENT RELATIONS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 21 / 2015**  
Transaction ID : **SA11.40768**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**MR. DEE STEWART**

Mailing Address **710 GLENWOOD AVE**

City **RALEIGH** State **NC** Zip Code **27605-1508**

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

Name of Employer **THE STEWART GROUP, INC** Occupation **PRESIDENT / CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 09 / 2015**  
Transaction ID : **SA11.40517**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**SUBTOTAL** of Receipts This Page (optional)..... **2350.00**

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

2015020402000575102

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 83
	(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)  
**JOHN TIMMONS**

Mailing Address **1730 RHODE ISLAND AVE NW**

City **WASHINGTON** State **DC** Zip Code **20036-3101**

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

Name of Employer **THE CORMAC GROUP** Occupation **LOBBYIST/CONSULTANT**

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 Y Y  
**11 / 12 / 2015**

Transaction ID : **SA11.40491**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SYLVIA S. VAN HOY**

Mailing Address **16631 HARBOR VIEW ROAD**

City **CHARLOTTE** State **NC** Zip Code **28278-9008**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

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 Y Y  
**11 / 05 / 2015**

Transaction ID : **SA11.40487**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**JEFFERY WALTER**

Mailing Address **2007 WINDSOR**

City **ALEXANDRIA** State **VA** Zip Code **22307-1108**

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

Name of Employer **CAPITOL COUNSEL** Occupation **CONSULTANT**

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 Y Y  
**10 / 09 / 2015**

Transaction ID : **SA11.40444**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**3850.00**

201502040200057

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

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

FOR LINE NUMBER: PAGE 28 OF 83  
(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. ROBERT ZARNEGIN**

Mailing Address **421 NORTH BEVERLY HILLS #350**

City **BEVERLY HILLS** State **CA** Zip Code **90210**

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

Name of Employer **PROBITY INTERNATIONAL CORPORATION** Occupation **C. E O**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **10 / 28 / 2015**  
Transaction ID : **SA11.40473**

Amount of Each Receipt this Period **2600.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**HUNTON & WILLIAMS**

Mailing Address **951 E BYRD ST RIVERFRONT PLAZA, EAST TOWER**

City **RICHMOND** State **VA** Zip Code **23219-4040**

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **11 / 09 / 2015**  
Transaction ID : **SA11.40535**

Amount of Each Receipt this Period **1000.00**  
CONTRIBUTION

SEE ATTRIBUTION BELOW - NO DONORS MEET THE AGGREGATE THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**ROYER & BROOKS LLP**

Mailing Address **818 CONNECTICUT AVE NW FL 11**

City **WASHINGTON** State **DC** Zip Code **20006-2702**

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **11 / 24 / 2015**  
Transaction ID : **SA11.40533**

Amount of Each Receipt this Period **500.00**  
CONTRIBUTION

SEE ATTRIBUTION BELOW

**SUBTOTAL** of Receipts This Page (optional)..... **4100.00**

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

20160204020000573194

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

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

FOR LINE NUMBER: PAGE 29 OF 83  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
**ROBERT ROYER**

**A.** Mailing Address **818 CONNECTICUT AVE NW FL 11**

City **WASHINGTON** State **DC** Zip Code **20006-2702**

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

Name of Employer **ROYER & BROOKS LLP** Occupation **PARTNER**

Receipt For: 2020  
 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 Y  
**11 / 24 / 2015**

Transaction ID : **SA11.40534**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION

**B.** 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 M / D D D / Y Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D D D / Y Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**0.00**

**61355.36**

**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 83
	<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)  
**ACADIA HEALTHCARE COMPANY INC FEDPAC**

Mailing Address **6100 TOWER CIRCLE ROAD**  
**SUITE 1000**

City **FRANKLIN** State **TN** Zip Code **37067-1509**

FEC ID number of contributing federal political committee. **C C00496919**

Name of Employer Occupation

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 Y Y  
**10 / 16 / 2015**

Transaction ID : **SA11.40460**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**ALCOA INC. EMPLOYEES' VOLUNTARY FEDERAL POLITICAL ACTION COM**

Mailing Address **1050 K ST. NW**  
**STE 1100**

City **WASHINGTON** State **DC** Zip Code **20001-4949**

FEC ID number of contributing federal political committee. **C C00501106**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**12 / 18 / 2015**

Transaction ID : **SA11.40772**

Amount of Each Receipt this Period  
**1500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN AIRLINES INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1101 17TH STREET**  
**N.W.SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20036-4704**

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2020  
 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 Y Y  
**12 / 18 / 2015**

Transaction ID : **SA11.40781**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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

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

**6500.00**

201502040200057199

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

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

FOR LINE NUMBER: PAGE 31 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Thom Tillis Committee

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE**  
 Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 650  
 City WASHINGTON State DC Zip Code 20004-2673  
 FEC ID number of contributing federal political committee. **C** C00040535  
 Name of Employer Occupation  
 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 Y  
 12 / 16 / 2015

Transaction ID : SA11.40765

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B. AMERICAN KENNEL CLUB INC POLITICAL ACTION COMMITTEE (AKC PAC)**  
 Mailing Address 260 MADISON AVENUE 4TH FLOOR  
 City NEW YORK State NY Zip Code 10016-2401  
 FEC ID number of contributing federal political committee. **C** C00441808  
 Name of Employer Occupation  
 Receipt For: 2020  
 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 Y  
 12 / 18 / 2015

Transaction ID : SA11.40782

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. AMERICAN SOYBEAN ASSOCIATION POLITICAL ACTION COMMITTEE (SOY)**  
 Mailing Address 540 MARYVILLE CENTRE DR SUITE 390  
 PO BOX 419200  
 City ST LOUIS, State MO Zip Code 63141-5828  
 FEC ID number of contributing federal political committee. **C** C00408468  
 Name of Employer Occupation  
 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 Y  
 11 / 18 / 2015

Transaction ID : SA11.40499

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

DEBT RETIREMENT

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

2500.00

201602040200057397

**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 83			
<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**

**A.**

Full Name (Last, First, Middle Initial)  
**AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (AB)**

Mailing Address **1300 MORRIS DRIVE SUITE 100**

City <b>CHESTERBROOK</b>	State <b>PA</b>	Zip Code <b>19087-5559</b>
-----------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00400929**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
**MM / DD / YYYY**  
**12 / 18 / 2015**

Transaction ID : **SA11.40780**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

**B.**

Full Name (Last, First, Middle Initial)  
**AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE**

Mailing Address **762 WEST LANCASTER AVENUE  
WEST LANCASTER AVENUE**

City <b>BRYN MAWR</b>	State <b>PA</b>	Zip Code <b>19010-3402</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00340455**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**MM / DD / YYYY**  
**11 / 05 / 2015**

Transaction ID : **SA11.40484**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

**DEBT RETIREMENT DEBT RETIREMENT**

**C.**

Full Name (Last, First, Middle Initial)  
**ASSISTED LIVING FEDERATION OF AMERICA**

Mailing Address **1650 KING STREET  
SUITE 602**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314-2747</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00338020**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
**MM / DD / YYYY**  
**11 / 05 / 2015**

Transaction ID : **SA11.40486**

Amount of Each Receipt this Period  
**2500.00**

**CONTRIBUTION**

**DEBT RETIREMENT DEBT RETIREMENT**

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

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

**4500.00**

**CONTRIBUTION**

X3 D D F1 7 5 200057 2 0000 2 0000 5 7 2 01 0 2 0 0 0 0 5 7 2 01 0 2 0 0 0 0 5 7



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

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

FOR LINE NUMBER: PAGE 33 OF 83  
(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)  
**ASSOCIATION OF KENTUCKY FRIED CHICKEN FRANCHISEES INC PAC**

Mailing Address P.O. BOX 26366

City State Zip Code  
ALEXANDRIA VA 22313-6366

FEC ID number of contributing federal political committee. **C** C00412098

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 12 / 31 / 2015

Transaction ID : SA11.40807

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 100 PARK AVENUE

City State Zip Code  
FLORHAM PARK NJ 07932-1049

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 10 / 28 / 2015

Transaction ID : SA11.40471

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**BIOGEN, INC. POLITICAL ACTION COMMITTEE A.K.A. 'BIOGEN PAC'**

Mailing Address 225 BINNEY ST

City State Zip Code  
CAMBRIDGE MA 02142-1031

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 11 / 30 / 2015

Transaction ID : SA11.40510

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

6000.00

**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 83	
	<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)  
**BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City	State	Zip Code
WASHINGTON	DC	20005-3000

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 18 / 2015

Transaction ID : SA11.40776

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCACY FUND FO**

Mailing Address 777 SCUDDERS MILL ROAD

City	State	Zip Code
PLAINSBORO	NJ	08536-1615

FEC ID number of contributing federal political committee. **C** C00035675

Name of Employer	Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : SA11.40788

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE**

Mailing Address 2016 MT. ATHOS ROAD

City	State	Zip Code
LYNCHBURG	VA	24504-5447

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer	Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : SA11.40501

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

4000.00

201502040200057400

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

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

FOR LINE NUMBER: PAGE 35 OF 83  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial)  
**A. CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address **1680 CAPITAL ONE DRIVE**  
**ATTN:19050-1204**

City **MCLEAN** State **VA** Zip Code **22102-3407**

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
MM / DD / YYYY  
**10 / 21 / 2015**

Transaction ID : **SA11.40464**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CHICAGO BRIDGE & IRON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **1050 K STREET, NW**  
**SUITE 620**

City **WASHINGTON** State **DC** Zip Code **20001-4456**

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**11 / 18 / 2015**

Transaction ID : **SA11.40500**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**C. CITIZENS FINANCIAL GROUP, INC. POLITICAL ACTION COMMITTEE (C**

Mailing Address **ONE CITIZENS PLAZA, 12TH FLOOR**

City **PROVIDENCE** State **RI** Zip Code **02903-1344**

FEC ID number of contributing federal political committee. **C C00307249**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
MM / DD / YYYY  
**11 / 03 / 2015**

Transaction ID : **SA11.40480**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

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

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

**6000.00**

201502040200057401

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

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

FOR LINE NUMBER: PAGE 36 OF 83  
(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. COMERICA INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 75000  
 C/O PAC SERVICES  
 City State Zip Code  
 DETROIT MI 48275-0001  
 Date of Receipt  
 10 / 28 / 2015  
 Transaction ID : SA11.40474  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. C C00393173  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

**B. CORN REFINERS ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 PENNSYLVANIA AVENUE NW  
 SUITE 950  
 City State Zip Code  
 WASHINGTON DC 20006-5806  
 Date of Receipt  
 12 / 18 / 2015  
 Transaction ID : SA11.40775  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 DEBT RETIREMENT DEBT RETIREMENT  
 FEC ID number of contributing federal political committee. C C00554071  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

**C. CREE INC PAC (CREE PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 SILICON DRIVE  
 City State Zip Code  
 DURHAM NC 27703-8475  
 Date of Receipt  
 12 / 18 / 2015  
 Transaction ID : SA11.40773  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION  
 DEBT RETIREMENT DEBT RETIREMENT  
 FEC ID number of contributing federal political committee. C C00499665  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... 2500.00  
**TOTAL** This Period (last page this line number only).....

201602040200057402

**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 83			
	<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)  
**CROPLIFE AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address **1156 15TH STREET NW  
SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20005-1752**

FEC ID number of contributing federal political committee. **C C00248849**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  

MM	DD	YYYY
12	31	2015

Transaction ID : **SA11.40804**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **1331 PENNSYLVANIA AVE, NW, STE 560**

City **WASHINGTON** State **DC** Zip Code **20004-1745**

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  

MM	DD	YYYY
11	05	2015

Transaction ID : **SA11.40489**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **1331 PENNSYLVANIA AVE, NW, STE 560**

City **WASHINGTON** State **DC** Zip Code **20004-1745**

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  

MM	DD	YYYY
11	18	2015

Transaction ID : **SA11.40503**

Amount of Each Receipt this Period  
**3000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**13000.00**

201502040200057403

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

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

FOR LINE NUMBER: PAGE 38 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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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: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

Transaction ID : **SA11.40446**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**DAIRY FARMERS OF AMERICA, INC. - DEPAC (DAIRY EDUCATIONAL PO**

Mailing Address **P.O. BOX 909700**

City **KANSAS CITY** State **MO** Zip Code **64190-9700**

FEC ID number of contributing federal political committee. **C C00001388**

Name of Employer Occupation

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  
**11 / 05 / 2015**

Transaction ID : **SA11.40485**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**EASTMANPAC - POLITICAL ACTION COMMITTEE OF EASTMAN CHEMICAL**

Mailing Address **PO BOX 431**

City **KINGSPORT** State **TN** Zip Code **37662-0431**

FEC ID number of contributing federal political committee. **C C00113159**

Name of Employer Occupation

Receipt For: 2020  
 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  
**11 / 18 / 2015**

Transaction ID : **SA11.40502**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

**4500.00**

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

201602040200057404

**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 39 OF 83	
	<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)  
**FACEBOOK INC. PAC**

Mailing Address **1299 PENNSYLVANIA AVE NW  
STE 800**

City **WASHINGTON** State **DC** Zip Code **20004-2400**

FEC ID number of contributing federal political committee. **C C00502906**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
**12 / 28 / 2015**

Transaction ID : **SA11.40795**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**FEDERATION OF AMERICAN HOSPITALS PAC**

Mailing Address **750 9TH STREET NW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20001-4595**

FEC ID number of contributing federal political committee. **C C00002261**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**12 / 28 / 2015**

Transaction ID : **SA11.40794**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**FIRST COMMAND FINANCIAL PLANNING, INC. PAC**

Mailing Address **1 FIRST COMM PLAZA**

City **FT. WORTH** State **TX** Zip Code **76109-4978**

FEC ID number of contributing federal political committee. **C C00325647**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
**12 / 22 / 2015**

Transaction ID : **SA11.40786**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**6000.00**

201502040200057403

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

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

FOR LINE NUMBER: PAGE 40 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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**

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: 2020  
 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 Y Y  
 12 / 28 / 2015

Transaction ID : SA11.40798

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC)**

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City State Zip Code  
FALLS CHURCH VA 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 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 10 / 29 / 2015

Transaction ID : SA11.40475

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION CO**

Mailing Address 1615 L STREET, NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

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 Y Y  
 12 / 24 / 2015

Transaction ID : SA11.40797

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

4500.00

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

201602040200057400



**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 41 OF 83			
	<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. INTEL CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1155 F STREET N.W. #1025

City WASHINGTON State DC Zip Code 20004-1342

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 MM / DD / YYYY  
 11 / 18 / 2015

Transaction ID : SA11.40504

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 MM / DD / YYYY  
 12 / 28 / 2015

Transaction ID : SA11.40793

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C. KELLOGG COMPANY BETTER GOVERNMENT COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address ONE KELLOGG SQUARE

City BATTLE CREEK State MI Zip Code 49017-3534

FEC ID number of contributing federal political committee. **C** C00039552

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 MM / DD / YYYY  
 12 / 24 / 2015

Transaction ID : SA11.40796

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

4500.00

201502040200057407

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

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

FOR LINE NUMBER: PAGE 42 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address **1015 FIFTEENTH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005-2605**

FEC ID number of contributing federal political committee. **C C00034272**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 /  /   
**12 / 18 / 2015**

Transaction ID : **SA11.40774**

Amount of Each Receipt this Period  
 **2500.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**B. NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE**

Mailing Address **801 PENNSYLVANIA AVE., NW SUITE 220**

City **WASHINGTON** State **DC** Zip Code **20004-2679**

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 /  /   
**11 / 18 / 2015**

Transaction ID : **SA11.40498**

Amount of Each Receipt this Period  
 **1000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**C. NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **1201 F ST NW SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20004-1218**

FEC ID number of contributing federal political committee. **C C00239848**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 /  /   
**12 / 16 / 2015**

Transaction ID : **SA11.40764**

Amount of Each Receipt this Period  
 **1000.00**

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

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

**4500.00**

201502040300057408

**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 43 OF 83
	<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)  
**NUCOR CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1915 REXFORD RD

City CHARLOTTE	State NC	Zip Code 28211-3465
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt: 12 / 01 / 2015  
 Transaction ID : SA11.40512

Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**PEOPLE FOR BIKES COALITION LTD. POLITICAL ACTION COMMITTEE,**

Mailing Address 1966 13TH STREET  
STE 250

City BOULDER	State CO	Zip Code 80302-5231
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00372862

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt: 11 / 16 / 2015  
 Transaction ID : SA11.40497

Amount of Each Receipt this Period: 1000.00  
 CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**PFIZER INC. PAC**

Mailing Address 235 EAST 42ND STREET

City NEW YORK	State NY	Zip Code 10017-5703
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt: 12 / 31 / 2015  
 Transaction ID : SA11.40809

Amount of Each Receipt this Period: 3000.00  
 CONTRIBUTION

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

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

**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 44 OF 83	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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) <b>PUBLIX SUPER MARKETS, INC. ASSOCIATES POLITICAL ACTION COMMI</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address <b>PO BOX 407</b>		Transaction ID : <b>SA11.40810</b>
City <b>PO BOX 407</b>	State Zip Code <b>FL 33802-0407</b>	
FEC ID number of contributing federal political committee. <b>C C00400705</b>	Amount of Each Receipt this Period <b>2500.00</b>	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2500.00</b>	

Full Name (Last, First, Middle Initial) <b>RAYTHEON COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2015
Mailing Address <b>1100 WILSON BLVD SUITE 1500</b>		Transaction ID : <b>SA11.40476</b>
City <b>ARLINGTON</b>	State Zip Code <b>VA 22209-3900</b>	
FEC ID number of contributing federal political committee. <b>C C00097568</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>RITE AID CORPORATION PAC</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address <b>30 HUNTER LN</b>		Transaction ID : <b>SA11.40511</b>
City <b>CAMP HILL</b>	State Zip Code <b>PA 17011-2400</b>	
FEC ID number of contributing federal political committee. <b>C C00104083</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	DEBT RETIREMENT DEBT RETIREMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

201502040200057410

**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 45 OF 83
	<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) <b>SIERRA NEVADA CORPORATION PAC</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address <b>PO BOX 50193</b>		<b>Transaction ID : SA11.40509</b>
City <b>SPARKS</b>	State <b>NV</b>	Zip Code <b>89435-0193</b>
FEC ID number of contributing federal political committee. <b>C C00367995</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer	Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2000.00</b>	

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>SOLARCITY CORPORATION POLITICAL ACTION COMMITTEE (SOLARCITY)</b>		Date of Receipt MM / DD / YYYY 12 / 17 / 2015
Mailing Address <b>101 CONSTITUTION AVE NW 525 EAST</b>		<b>Transaction ID : SA11.40783</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20001-2133</b>
FEC ID number of contributing federal political committee. <b>C C00520569</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>SPORTFISHINGPAC</b>		Date of Receipt MM / DD / YYYY 11 / 19 / 2015
Mailing Address <b>1001 N FAIRFAX ST STE 501</b>		<b>Transaction ID : SA11.40507</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314-1587</b>
FEC ID number of contributing federal political committee. <b>C C00249532</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

201502040200057411

**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 46 OF 83
	<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) <b>T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-PAC)</b>		Date of Receipt MM / DD / YYYY 12 / 22 / 2015
Mailing Address <b>601 PENNSYLVANIA AVENUE NW SUITE 800 NORTH BLDG.</b>		Transaction ID : <b>SA11.40787</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20004-2710</b>	FEC ID number of contributing federal political committee. <b>C C00361758</b>	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>U.S. BANCORP POLITICAL PARTICIPATION PROGRAM</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address <b>950 F STREET NW SUITE 750</b>		Transaction ID : <b>SA11.40808</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20004-1487</b>	FEC ID number of contributing federal political committee. <b>C C00018036</b>	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) <b>UBS AMERICAS INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 12 / 15 / 2015
Mailing Address <b>677 WASHINGTON BOULEVARD C/O PER DYRVIK</b>		Transaction ID : <b>SA11.40520</b>
City <b>STAMFORD</b>	State <b>CT</b>	
Zip Code <b>06901-3707</b>	FEC ID number of contributing federal political committee. <b>C C00012245</b>	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	DEBT RETIREMENT DEBT RETIREMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

2015020200057412

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

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

FOR LINE NUMBER: PAGE 47 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
**UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address 9900 BREN ROAD EAST

City State Zip Code  
MINNETONKA MN 55343-9664

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SA11.40514

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**WALGREEN CO PAC**

Mailing Address 104 WILMOT RD

City State Zip Code  
DEERFIELD IL 60015-5121

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2015

Transaction ID : SA11.40508

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**WINDSTREAM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 4001 RODNEY PARHAM ROAD

City State Zip Code  
LITTLE ROCK AR 72212

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2015

Transaction ID : SA11.40472

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

DEBT RETIREMENT DEBT RETIREMENT

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

3500.00

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

201602040200057411

**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 48 OF 83
	<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)  
**ZENECA INC. POLITICAL ACTION COMMITTEE**

A. Mailing Address **1800 CONCORD PIKE, PO BOX 15437**

City **WILMINGTON** State **DE** Zip Code **19850-5437**

FEC ID number of contributing federal political committee. **C C00279455**

Name of Employer Occupation

Receipt For: 2020  
 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 Y Y  
**12 / 31 / 2015**

Transaction ID : **SA11.40811**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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  
 M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period

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  
 M M M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**2500.00**

**94500.00**

201602040200057414



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

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

FOR LINE NUMBER: PAGE 49 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**TILLIS MAJORITY COMMITTEE**

Mailing Address **PO BOX 97275**

City **RALEIGH** State **NC** Zip Code **27624-7275**

FEC ID number of contributing federal political committee. **C C00572495**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **11058.27**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y  
**12 / 30 / 2015**

Transaction ID : **SA12.40813**

Amount of Each Receipt this Period  
**0.00**

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B.** Full Name (Last, First, Middle Initial)  
**KELLEY DRYE & WARREN POLITICAL ACTION COMMITTEE**

Mailing Address **3050 K ST NW**

City **WASHINGTON** State **DC** Zip Code **20007-5108**

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2020  
 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 Y  
**12 / 18 / 2015**

Transaction ID : **SA12.40814**

Amount of Each Receipt this Period  
**1000.00**

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: TILLIS MAJORITY COMMITTEE

**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 M / D D D / Y Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**0.00**

**0.00**

201602040200057415

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

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

FOR LINE NUMBER: PAGE 50 OF 83  
(check only one)

<input 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 checked="" 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)  
**US AIRWAYS**

Mailing Address **4000 E SKY HARBOR BLVD**

City **PHOENIX** State **AZ** Zip Code **85034-3802**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **396.00**

Date of Receipt  
**10 / 01 / 2015**

Transaction ID : **SA14.2586**

Amount of Each Receipt this Period  
**79.00**

**VENDOR REFUND**

Full Name (Last, First, Middle Initial)  
**US AIRWAYS**

Mailing Address **4000 E SKY HARBOR BLVD**

City **PHOENIX** State **AZ** Zip Code **85034-3802**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **396.00**

Date of Receipt  
**10 / 01 / 2015**

Transaction ID : **SA14.2587**

Amount of Each Receipt this Period  
**79.00**

**VENDOR REFUND**

Full Name (Last, First, Middle Initial)  
**US AIRWAYS**

Mailing Address **4000 E SKY HARBOR BLVD**

City **PHOENIX** State **AZ** Zip Code **85034-3802**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **396.00**

Date of Receipt  
**10 / 01 / 2015**

Transaction ID : **SA14.2588**

Amount of Each Receipt this Period  
**90.00**

**VENDOR REFUND**

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

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

**248.00**

201501040200057419

**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 51 OF 83
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**US AIRWAYS**

Mailing Address **4000 E SKY HARBOR BLVD**

City **PHOENIX** State **AZ** Zip Code **85034-3802**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **396.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
**10 / 01 / 2015**

Transaction ID : **SA14.2589**

Amount of Each Receipt this Period  
**90.00**

**VENDOR REFUND**

**B.** 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 M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

**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 M / D D D / Y Y Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

**90.00**

**338.00**

201602040200057417

**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 83	
	<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) <b>A. JORDAN P SHAW</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I2570
City RALEIGH State NC Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	
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>B. JORDAN P SHAW</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I2583
City RALEIGH State NC Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	
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>C. JORDAN P SHAW</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I2625
City RALEIGH State NC Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

201002040200057418

**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 83	
	<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: **10 / 07 / 2015**

Amount of Each Disbursement this Period: **200.00**

Transaction ID : **SB17.I2564**

**B. 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: **10 / 07 / 2015**

Amount of Each Disbursement this Period: **200.00**

Transaction ID : **SB17.I2565**

**C. 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: **10 / 30 / 2015**

Amount of Each Disbursement this Period: **457.10**

Transaction ID : **SB17.I2574**

**SUBTOTAL** of Disbursements This Page (optional)..... **857.10**

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

201602040200057419

**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 83	
	<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) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement
Mailing Address <b>PO BOX 619616</b>		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City <b>DFW AIRPORT</b>	State <b>TX</b>	Zip Code <b>75261</b>
Purpose of Disbursement <b>AIRFARE</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="202.70"/>
Candidate Name	Category/Type	<b>Transaction ID : SB17.I2629</b>
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>B. AMERICAN AIRLINES</b>		Date of Disbursement
Mailing Address <b>PO BOX 619616</b>		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City <b>DFW AIRPORT</b>	State <b>TX</b>	Zip Code <b>75261</b>
Purpose of Disbursement <b>AIRLINE FEE</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="26.40"/>
Candidate Name	Category/Type	<b>Transaction ID : SB17.I2630</b>
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>C. AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address <b>200 VESEY ST</b>		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10281-1013</b>
Purpose of Disbursement <b>MERCHANT FEES</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="36.43"/>
Candidate Name	Category/Type	<b>Transaction ID : SB17.I2609</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="265.53"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

20160209020007420

**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 83
	<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: 10 / 30 / 2015

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.I2540

**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: 11 / 30 / 2015

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.I2550

**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: 12 / 31 / 2015

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.I2603

**SUBTOTAL** of Disbursements This Page (optional)..... 90.00

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

2010040200057421

**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 83	
	<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) <b>A. AUTUMN PUBLISHING INC</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address <b>7219 NATHAN CT</b>		Amount of Each Disbursement this Period 695.00 Transaction ID : <b>SB17.I2622</b>
City <b>MANASSAS</b> State <b>VA</b> Zip Code <b>20109</b>	Purpose of Disbursement <b>PRINTING SERVICES</b>	
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>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address <b>6659 FALLS OF NEUSE RD</b>		Amount of Each Disbursement this Period 15.00 Transaction ID : <b>SB17.I2560</b>
City <b>RALEIGH</b> State <b>NC</b> Zip Code <b>27615-6816</b>	Purpose of Disbursement <b>BANK SERVICE FEE</b>	
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>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address <b>6659 FALLS OF NEUSE RD</b>		Amount of Each Disbursement this Period 20.00 Transaction ID : <b>SB17.I2573</b>
City <b>RALEIGH</b> State <b>NC</b> Zip Code <b>27615-6816</b>	Purpose of Disbursement <b>BANK SERVICE FEE</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	730.00
<b>TOTAL</b> This Period (last page this line number only).....	

201802040200057422



**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)

<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) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 6659 FALLS OF NEUSE RD		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I2575
City RALEIGH	State NC	
Zip Code 27615-6816	Purpose of Disbursement BANK SERVICE FEE	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>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 6659 FALLS OF NEUSE RD		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.I2585
City RALEIGH	State NC	
Zip Code 27615-6816	Purpose of Disbursement BANK SERVICE FEE	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>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 6659 FALLS OF NEUSE RD		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I2613
City RALEIGH	State NC	
Zip Code 27615-6816	Purpose of Disbursement BANK SERVICE FEE	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200057423

**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 83			
	<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) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address 6659 FALLS OF NEUSE RD		Amount of Each Disbursement this Period 20.00
City RALEIGH	State NC	
Zip Code 27615-6816	Purpose of Disbursement BANK SERVICE FEE	Transaction ID : SB17.I2621
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>B. BISTRO CACAO</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 320 MASSACHUSETTES AVE NE		Amount of Each Disbursement this Period 137.57
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement FOOD / BEVERAGE	Transaction ID : SB17.I2545
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>C. CAMBRIDGE ANALYTICA</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address THE NEWS CORP BUILDING 1211 5TH AVE		Amount of Each Disbursement this Period 25000.00
City NEW YORK	State NY	
Zip Code 10036	Purpose of Disbursement MICRO-TARGETING	Transaction ID : SB17.I2623
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).....	25157.57
TOTAL This Period (last page this line number only).....	

201502090200057424

**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)

17     18     19a     19b  
 20a     20b     20c     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. CAPITAL GRILL**

Mailing Address 604 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Amount of Each Disbursement this Period

581.40

Transaction ID : SB17.I2549

Full Name (Last, First, Middle Initial)

**B. CAPITOL COMMUNICATIONS, INC.**

Mailing Address P.O. BOX 876

City GRANITE FALLS State NC Zip Code 28630

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I2566

Full Name (Last, First, Middle Initial)

**C. CHARLOTTE CITY CLUB**

Mailing Address 121 WEST TRADE ST  
STE 3100

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Amount of Each Disbursement this Period

1226.52

Transaction ID : SB17.I2581

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

11807.92

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

201002040200057425

**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 83	
	<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) <b>A. CM&amp;CO, LLC</b>		Date of Disbursement
Mailing Address <b>PO BOX 97275</b>		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27624-7275</b>
Purpose of Disbursement <b>ACCOUNTING SERVICES</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4641.18"/>
Candidate Name	Category/ Type	<b>Transaction ID : SB17.I2567</b>
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>B. CM&amp;CO, LLC</b>		Date of Disbursement
Mailing Address <b>PO BOX 97275</b>		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27624-7275</b>
Purpose of Disbursement <b>ACCOUNTING SERVICES</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3616.55"/>
Candidate Name	Category/ Type	<b>Transaction ID : SB17.I2582</b>
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>C. CM&amp;CO, LLC</b>		Date of Disbursement
Mailing Address <b>PO BOX 97275</b>		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27624-7275</b>
Purpose of Disbursement <b>ACCOUNTING SERVICES CONSULTING</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3458.72"/>
Candidate Name	Category/ Type	<b>Transaction ID : SB17.I2624</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="11716.45"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

20160204020005742E

**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)

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.I2529

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.I2543

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CMDI**

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  
10 / 05 / 2015

Amount of Each Disbursement this Period

58.25

Transaction ID : SB17.I2552

Category/  
Type

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

2558.25

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

201602040200057427

**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 83			
	<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: 10 / 11 / 2015

Amount of Each Disbursement this Period: 127.65

Transaction ID : SB17.I2553

**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: 10 / 20 / 2015

Amount of Each Disbursement this Period: 20.25

Transaction ID : SB17.I2554

**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: 10 / 25 / 2015

Amount of Each Disbursement this Period: 60.26

Transaction ID : SB17.I2555

**SUBTOTAL** of Disbursements This Page (optional)..... 208.16

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

2018021040200057428

**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 83	
	<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) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 37.30
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.I2556
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>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 94.25
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.I2557
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>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 12.50
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.I2558
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	144.05
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200057429

**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)

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

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  
11 / 22 / 2015

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I2559

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.I2592

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement  
MERHCANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2015

Amount of Each Disbursement this Period

24.75

Transaction ID : SB17.I2610

Category/  
Type

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

1304.75

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

201602040200057420



**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 83			
	<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  
12 / 20 / 2015

Amount of Each Disbursement this Period  
52.25

Transaction ID : SB17.I2611

**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  
12 / 28 / 2015

Amount of Each Disbursement this Period  
54.75

Transaction ID : SB17.I2612

**C. COOKE RENTALS**

Full Name (Last, First, Middle Initial)  
\_\_\_\_\_

Mailing Address PO BOX 310

City CORNELIUS State NC Zip Code 28031

Purpose of Disbursement  
VOID STALE DATED CHECK

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
12 / 21 / 2015

Amount of Each Disbursement this Period  
-250.00

Transaction ID : SB17.I2600

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

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

-143.00

201002040200057431

**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 66 OF 83		
	<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) <b>A. COOKE RENTALS</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address <b>PO BOX 310</b>		Amount of Each Disbursement this Period 250.00
City <b>CORNELIUS</b>	State <b>NC</b>	
Zip Code <b>28031</b>	Purpose of Disbursement <b>REISSUE OF VOIDED CHECK</b>	Transaction ID : <b>SB17.I2606</b>
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)	TABLE & CHAIR RENTALS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DOT THE I</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address <b>2814 GLENDALE RD</b>		Amount of Each Disbursement this Period 500.00
City <b>CHARLOTTE</b>	State <b>NC</b>	
Zip Code <b>28209</b>	Purpose of Disbursement <b>GRAPHIC DESIGN</b>	Transaction ID : <b>SB17.I2561</b>
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>C. FEDEX OFFICE</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address <b>942 S SHADY GROVE RD</b>		Amount of Each Disbursement this Period 27.52
City <b>MEMPHIS</b>	State <b>TN</b>	
Zip Code <b>38120-4117</b>	Purpose of Disbursement <b>SHIPPING</b>	Transaction ID : <b>SB17.I2539</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	777.52
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200057432

**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 67 OF 83
	<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. FLS CONNECT**

Full Name (Last, First, Middle Initial)  
Thom Tillis Committee

Mailing Address 7300 HUDSON BLVD S

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
Void State Dated Check - Duplicate Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
12 / 31 / 2015

Amount of Each Disbursement this Period  
-308.68

Transaction ID : SB17.I2631

**B. H2 CAPITAL CONSULTING**

Full Name (Last, First, Middle Initial)  
H2 Capital Consulting

Mailing Address 325 7TH ST, NW  
STE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
10 / 08 / 2015

Amount of Each Disbursement this Period  
10000.00

Transaction ID : SB17.I2568

**C. HIGHWOOD CAPITAL, LLC**

Full Name (Last, First, Middle Initial)  
Highwood Capital, LLC

Mailing Address 915 E ST NW

City WASHINGTON State DC Zip Code 20004-2016

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
10 / 08 / 2015

Amount of Each Disbursement this Period  
7000.00

Transaction ID : SB17.I2569

**SUBTOTAL** of Disbursements This Page (optional)..... 16691.32

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

201802040200057433

**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 68 OF 83			
	<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) <b>A. HOME DEPOT</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 17111 STATESVILLE ROAD		Amount of Each Disbursement this Period 449.00 Transaction ID : SB17.I2577
City CORNELIUS	State NC	
Zip Code 28031	Purpose of Disbursement TRUCK RENTAL	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>B. INTEGRAM</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address 22695 COMMERCE CENTER CT		Amount of Each Disbursement this Period 1446.00 Transaction ID : SB17.I2562
City DULLES	State VA	
Zip Code 20166	Purpose of Disbursement PRINTING SERVICES	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>C. LAKE NORMAN STORAGE</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 18926 W CATAWBA AVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.I2526
City CORNELIUS	State NC	
Zip Code 28031	Purpose of Disbursement STORAGE	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1970.00
<b>TOTAL</b> This Period (last page this line number only).....	

201602040200057434

**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 69 OF 83			
	<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) <b>A. LAKE NORMAN STORAGE</b>		Date of Disbursement
Mailing Address 18926 W CATAWBA AVE		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
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	Transaction ID : <b>SB17.I2527</b>
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>B. LAKE NORMAN STORAGE</b>		Date of Disbursement
Mailing Address 18926 W CATAWBA AVE		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
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	Transaction ID : <b>SB17.I2593</b>
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>C. MACON CONSULTING</b>		Date of Disbursement
Mailing Address P.O. BOX 3962		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City GREENVILLE	State NC	Zip Code 27836
Purpose of Disbursement FOOD/BEVERAGE, MILEAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="334.48"/>
Candidate Name	Category/ Type	Transaction ID : <b>SB17.I2571</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="484.48"/>
<b>TOTAL</b> This Period (last page this line number).....	<input type="text"/>

201002040200057425

**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 70 OF 83			
	<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) <b>A. MICROSOFT</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1 MICROSOFT WAY		Amount of Each Disbursement this Period 107.24
City REDMOND	State WA	
Zip Code 98052-8300	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I2598
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>B. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 9530 BIRKDALE CROSSING DR		Amount of Each Disbursement this Period 107.24
City HUNTERSVILLE	State NC	
Zip Code 28078	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I2551
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>C. ONMESSAGE, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 705 MELVIN AVE. #105		Amount of Each Disbursement this Period 10000.00
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.I2572
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10214.48
<b>TOTAL</b> This Period (last page this line number only) .....	

201502040200057436

**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 71 OF 83			
	<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**

**A. ONMESSAGE, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address **705 MELVIN AVE. #105**

City **ANNAPOLIS** State **MD** Zip Code **21401**

Purpose of Disbursement  
**Void Stale Dated Check - Reissue Included in Outstanding Debt Payment**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 21 / 2015**

Amount of Each Disbursement this Period  
**-5000.00**

Transaction ID : **SB17.I2599**

**B. ONMESSAGE, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address **705 MELVIN AVE. #105**

City **ANNAPOLIS** State **MD** Zip Code **21401**

Purpose of Disbursement  
**ADVERTISING**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 03 / 2015**

Amount of Each Disbursement this Period  
**25000.00**

Transaction ID : **SB17.I2614**

**C. ONMESSAGE, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address **705 MELVIN AVE. #105**

City **ANNAPOLIS** State **MD** Zip Code **21401**

Purpose of Disbursement  
**ADVERTISING**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 21 / 2015**

Amount of Each Disbursement this Period  
**29026.35**

Transaction ID : **SB17.I2626**

**SUBTOTAL** of Disbursements This Page (optional)..... **49026.35**

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

101002040200057437

**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 72 OF 83			
	<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. PRECISION MARKETING, INC.**

Mailing Address **P.O. BOX 7670**

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

Purpose of Disbursement **PRINTING SERVICES**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **10 / 06 / 2015**

Amount of Each Disbursement this Period: **1500.00**

Transaction ID: **SB17.I2563**

Full Name (Last, First, Middle Initial)  
**B. RAISE THE MONEY, INC.**

Mailing Address **PO BOX 26466**

City **LITTLE ROCK** State **AR** Zip Code **72221-6466**

Purpose of Disbursement **VOID STALE DATED CHECK**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **12 / 31 / 2015**

Amount of Each Disbursement this Period: **432.45**

Transaction ID: **SB17.I2632**

Full Name (Last, First, Middle Initial)  
**C. RAISE THE MONEY, INC.**

Mailing Address **PO BOX 26466**

City **LITTLE ROCK** State **AR** Zip Code **72221-6466**

Purpose of Disbursement **REISSUE OF VOIDED CHECK**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **12 / 31 / 2015**

Amount of Each Disbursement this Period: **432.45**

Transaction ID: **SB17.I2635**

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

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

201602040200057438



**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 73 OF 83			
	<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) <b>A. REI</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 4291 THE CIR		Amount of Each Disbursement this Period 428.90 Transaction ID : SB17.I2548
City RALEIGH	State NC	
Zip Code 27609	Purpose of Disbursement OFFICE SUPPLIES	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>B. THE CLOISTER AT SEA ISLAND</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2015
Mailing Address 100 CLOISTER DR		Amount of Each Disbursement this Period 226.02 Transaction ID : SB17.I2538
City SEA ISLAND	State GA	
Zip Code 31561	Purpose of Disbursement LODGING	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>C. THE STONERIDGE GROUP, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2015
Mailing Address 4400 N POINT PKWY SUITE 190		Amount of Each Disbursement this Period 19.95 Transaction ID : SB17.I2537
City ALPHARETTA	State GA	
Zip Code 30022-2472	Purpose of Disbursement ONLINE SERVICES	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	674.87
<b>TOTAL</b> This Period (last page this line number).....	

**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 74 OF 83	
	<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**

**A. THE STONERIDGE GROUP, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address **4400 N POINT PKWY  
SUITE 190**

City **ALPHARETTA** State **GA** Zip Code **30022-2472**

Purpose of Disbursement **ONLINE SERVICES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **11 / 20 / 2015**

Amount of Each Disbursement this Period: **19.95**

Transaction ID : **SB17.I2547**

**B. THE STONERIDGE GROUP, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address **4400 N POINT PKWY  
SUITE 190**

City **ALPHARETTA** State **GA** Zip Code **30022-2472**

Purpose of Disbursement **ONLINE SERVICES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 21 / 2015**

Amount of Each Disbursement this Period: **19.95**

Transaction ID : **SB17.I2601**

**C. THE STONERIDGE GROUP, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address **4400 N POINT PKWY  
SUITE 190**

City **ALPHARETTA** State **GA** Zip Code **30022-2472**

Purpose of Disbursement **ONLINE SERVICES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 21 / 2015**

Amount of Each Disbursement this Period: **371.40**

Transaction ID : **SB17.I2627**

**SUBTOTAL** of Disbursements This Page (optional) ..... **411.30**

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

201602040200057440

**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 75 OF 83			
	<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) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement
Mailing Address 182 HOWARD ST		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN FRANCISCO	CA	94105-1611
Purpose of Disbursement TRANSPORTATION	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="60.26"/>
Candidate Name	Category/ Type	Transaction ID : SB17.I2542
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>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement
Mailing Address 182 HOWARD ST		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN FRANCISCO	CA	94105-1611
Purpose of Disbursement TRANSPORTATION	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="36.68"/>
Candidate Name	Category/ Type	Transaction ID : SB17.I2546
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>C. US SENATE</b>		Date of Disbursement
Mailing Address 2 CONSTITUTION AVE NE		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20002
Purpose of Disbursement OFFICE SUPPLIES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="275.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.I2576
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="371.94"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

201802040200057441

**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 76 OF 83	
	<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. US SENATE**

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: **12 / 15 / 2015**

Amount of Each Disbursement this Period: **155.00**

Transaction ID : **SB17.I2619**

Full Name (Last, First, Middle Initial)

**B. US SENATE**

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: **12 / 16 / 2015**

Amount of Each Disbursement this Period: **6.00**

Transaction ID : **SB17.I2620**

Full Name (Last, First, Middle Initial)

**C. US SENATE**

Mailing Address **2 CONSTITUTION AVE NE**

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

Purpose of Disbursement  
**CATERING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 21 / 2015**

Amount of Each Disbursement this Period: **6942.50**

Transaction ID : **SB17.I2628**

**SUBTOTAL** of Disbursements This Page (optional) ..... **7103.50**

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

201602040200057442

**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 77 OF 83
	<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. VERIZON**

Full Name (Last, First, Middle Initial)

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: 10 / 05 / 2015

Amount of Each Disbursement this Period: 103.66

Transaction ID : SB17.I2528

**B. VERIZON**

Full Name (Last, First, Middle Initial)

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: 11 / 05 / 2015

Amount of Each Disbursement this Period: 100.50

Transaction ID : SB17.I2544

**C. VERIZON**

Full Name (Last, First, Middle Initial)

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: 12 / 07 / 2015

Amount of Each Disbursement this Period: 100.50

Transaction ID : SB17.I2597

**SUBTOTAL** of Disbursements This Page (optional)..... 304.66

**TOTAL** This Period (last page this line number only)..... 147277.20

201602040200057443

**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 78 OF 83			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Thorn Tillis Committee**

**A. GEORGE STEEL DEWEY III**

Full Name (Last, First, Middle Initial)

Mailing Address 2616 BRIARCLIFF PL

City CHARLOTTE State NC Zip Code 28207

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 11 / 2015

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB20A.I2617

Category/Type: CONTRIBUTION REFUND

**B. GARY L TEPAS**

Full Name (Last, First, Middle Initial)

Mailing Address 1119 DORMIE DR

City NAPLES State FL Zip Code 34108

Purpose of Disbursement VOID OF STALE DATED CHECK

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 21 / 2015

Amount of Each Disbursement this Period: -400.00

Transaction ID : SB20A.I2637

Category/Type: CONTRIBUTION REFUND

**C. GARY L TEPAS**

Full Name (Last, First, Middle Initial)

Mailing Address 1119 DORMIE DR

City NAPLES State FL Zip Code 34108

Purpose of Disbursement REISSUE OF STALE DATED CHECK

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 21 / 2015

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB20A.I2638

Category/Type: CONTRIBUTION REFUND

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

**TOTAL** This Period (last page this line number only)..... 1500.00

201802040200057444

**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 79 OF 83	
	<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. NORTH CAROLINA REPUBLICAN PARTY**

Mailing Address **1506 HILLSBOROUGH ST**

City **RALEIGH** State **NC** Zip Code **27605**

Purpose of Disbursement  
**REISSUE OF VOIDED CHECK**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**12 / 31 / 2015**

Amount of Each Disbursement this Period  
**150.00**

Transaction ID : **SB17.12636**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. NORTH CAROLINA REPUBLICAN PARTY**

Mailing Address **1506 HILLSBOROUGH ST**

City **RALEIGH** State **NC** Zip Code **27605**

Purpose of Disbursement  
**VOID STALE DATED CHECK**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**12 / 31 / 2015**

Amount of Each Disbursement this Period  
**-150.00**

Transaction ID : **SB21.12633**

Category/Type

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

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

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **0.00**

**TOTAL** This Period (last page this line number only)..... **0.00**

201602040200057445

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cambridge Analytica, LLC</b>	Nature of Debt (Purpose): Micro-Targeting
Mailing Address The News Corp Building, STE 2703	
City State Zip Code New York NY 10036	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">25000.00</div>	Transaction ID : SD01.00004
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">25000.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">45000.00</div>	Transaction ID : SD01.00003
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">10000.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">35000.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CM&amp;Co, LLC</b>	Nature of Debt (Purpose): Accounting Services
Mailing Address PO Box 97275	
City State Zip Code Raleigh NC 27624	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">4641.18</div>	Transaction ID : SD01.00060
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">4641.18</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<div style="border: 1px solid black; padding: 2px; text-align: center;">35000.00</div>
2) <b>TOTALS</b> This Period (last page this line number only) ...	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>

201802040200057446



**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 <b>dot the i</b>		Nature of Debt (Purpose): Direct Mail Services
Mailing Address 2825 Glendale Rd		
City State	Zip Code	
Charlotte NC	28209	

Outstanding Balance Beginning This Period	Transaction ID : SD01.00070	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD01.00038	
<input type="text" value="24000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="15481.64"/>	<input type="text" value="10000.00"/>	<input type="text" value="29481.65"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD01.00006	
<input type="text" value="36694.70"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="7000.00"/>	<input type="text" value="29694.70"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<input type="text" value="59176.35"/>
2) <b>TOTALS</b> This Period (last page this line number only) ...	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

201602040200057447

**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 <b>integram</b>		Nature of Debt (Purpose): Direct Mail Services
Mailing Address 22695 Commerce Center Ct		
City State	Zip Code	
Dulles VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD01.00071	
1446.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1446.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lucy Croxton Consulting</b>		Nature of Debt (Purpose): Fundraising Consulting, Insurance, Lodgi
Mailing Address 1315 East Blvd, Apt 311		
City State	Zip Code	
Charlotte NC	28203	

Outstanding Balance Beginning This Period	Transaction ID : SD01.00039	
17000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	17000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Macon Consulting</b>		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address PO Box 3962		
City State	Zip Code	
Greenville NC	27836	

Outstanding Balance Beginning This Period	Transaction ID : SD01.00002	
125000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	125000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	142000.00
2) <b>TOTALS</b> This Period (last page this line number only) ...	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

201602040200057448

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Thom Tillis Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**OnMessage, Inc.**  
 Nature of Debt (Purpose):  
 Advertising, Advertising Production  
 Mailing Address 705 Melvin Ave. #105  
 City State Zip Code  
 Annapolis MD 21401

Outstanding Balance Beginning This Period **64026.35** Transaction ID : SD01.00001  
 Amount Incurred This Period **0.00** Payment This Period **64026.35** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Precision Marketing, Inc.**  
 Nature of Debt (Purpose):  
 Direct Mail Services  
 Mailing Address PO Box 7670  
 City State Zip Code  
 Arlington VA 22207

Outstanding Balance Beginning This Period **1500.00** Transaction ID : SD01.00072  
 Amount Incurred This Period **0.00** Payment This Period **1500.00** Outstanding Balance at Close of This Period **0.00**

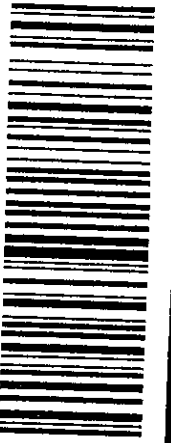
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Nature of Debt (Purpose):  
 Mailing Address  
 City State Zip Code

Outstanding Balance Beginning This Period  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

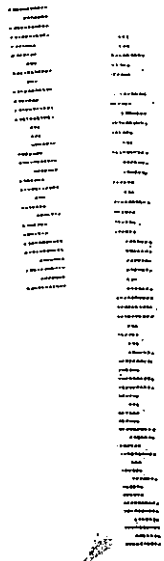
1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) ...	<b>236176.35</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>236176.35</b>

201602040200057449

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USPS EXPRESS MAIL \_\_\_\_\_  
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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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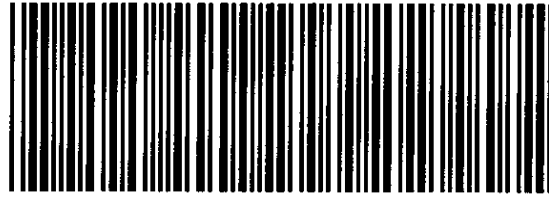
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Date of Receipt

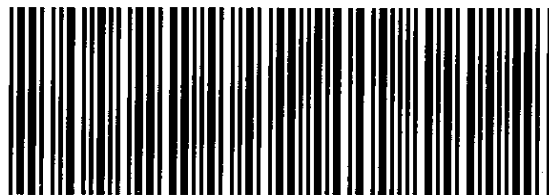
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PREPARER MN DATE PREPARED 2-2-16

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