

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 701 Clayton NC 27528 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00561480 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on 11/04/2014 in the State of NC

5. Covering Period 10/01/2014 through 11/24/2014

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 Heather Ford

Signature of Treasurer Heather Ford [Electronically Filed] Date 12/04/2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Citizens for Responsible Leadership

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.89	
(c) Total Receipts (from Line 19)	32132.68	34232.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32133.57	34232.68
7. Total Disbursements (from Line 31).....	31663.30	33762.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	470.27	470.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	19113.69	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Citizens for Responsible Leadership

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32000.00	34000.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32000.00	34100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32000.00	34100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	132.68	132.68
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32132.68	34232.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32132.68	34232.68

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	14486.03	16585.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14486.03	16585.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	17177.27	17177.27
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31663.30	33762.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31663.30	33762.41

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32000.00	34100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32000.00	34100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14486.03	16585.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	132.68	132.68
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14353.35	16452.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Citizens for Responsible Leadership

A. Blue Ridge Health Investors
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 Day Hill Drive
 City Advance State NC Zip Code 27006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 11 / 01 / 2014
Transaction ID : SA11AI.4261
 Amount of Each Receipt this Period
 2000.00
 see attribution below

B. John Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 Day Hill Drive
 City Advance State NC Zip Code 27006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Ridge Health Investors Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 11 / 01 / 2014
Transaction ID : SA11AI.4261.0
 Amount of Each Receipt this Period
 1000.00
 business attribution
[MEMO ITEM]

C. Gray Angell
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 Day Hill Drive
 City Advance State NC Zip Code 27006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Ridge Health Investors Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 11 / 01 / 2014
Transaction ID : SA11AI.4261.1
 Amount of Each Receipt this Period
 1000.00
 business attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Responsible Leadership

A. HMS Management, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 Papa Joe Hendrick Boulevard
 City Charlotte State NC Zip Code 28262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 30000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period
 30000.00

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / 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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	32000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Citizens for Responsible Leadership

A. Daniel L Gurley
Full Name (Last, First, Middle Initial)

Mailing Address 301 Fayetteville Street
Suite 2403

City Raleigh State NC Zip Code 27601-2175

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

Name of Employer G2 Strategy Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
637.68

Date of Receipt
11 / 04 / 2014
Transaction ID : SA15.4231

Amount of Each Receipt this Period
87.68

reimbursement: travel

B. Daniel L Gurley
Full Name (Last, First, Middle Initial)

Mailing Address 301 Fayetteville Street
Suite 2403

City Raleigh State NC Zip Code 27601-2175

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

Name of Employer G2 Strategy Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
682.68

Date of Receipt
11 / 17 / 2014
Transaction ID : SA15.4258

Amount of Each Receipt this Period
45.00

reimbursement: parking

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	132.68
TOTAL This Period (last page this line number only).....▶	132.68

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Citizens for Responsible Leadership

Full Name (Last, First, Middle Initial)

A. Advantage Direct

Mailing Address 2300 Clarendon Boulevard
Suite 303

City Arlington State VA Zip Code 22201

Purpose of Disbursement
phone banks

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	4

Transaction ID : SB21B.4243

Amount of Each Disbursement this Period

2	8	2	2	.	7	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Daniel L Gurley

Mailing Address 301 Fayetteville Street
Suite 2403

City Raleigh State NC Zip Code 27601-2175

Purpose of Disbursement
strategy consulting

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	4

Transaction ID : SB21B.4248

Amount of Each Disbursement this Period

4	9	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Marshall Hurley, PLLC

Mailing Address 2400 Freeman Mill Road
300 Gateway Business Center

City Greensboro State NC Zip Code 27406

Purpose of Disbursement
legal services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	1	6

Transaction ID : SB21B.4254

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

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

9	7	2	.	7	3
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Citizens for Responsible Leadership

Full Name (Last, First, Middle Initial)

A. The Alexis Agency, Inc

Mailing Address 1201 19th Place
B-401

City Vero Beach State FL Zip Code 32960

Purpose of Disbursement
advertising-internet

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2014

Transaction ID : SB21B.4250

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4500.00

14222.73

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Citizens for Responsible Leadership

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advantage Direct	Nature of Debt (Purpose): phone banks
Mailing Address 2300 Clarendon Boulevard Suite 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period <input type="text" value="2822.73"/>	Transaction ID : SD10.4161	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2822.73"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Labels & Lists, Inc	Nature of Debt (Purpose): list acquisition
Mailing Address 2500 116th Avenue, NE	
City State Zip Code Bellevue WA 98004	

Outstanding Balance Beginning This Period <input type="text" value="1613.69"/>	Transaction ID : SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1613.69"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marshall Hurley, PLLC	Nature of Debt (Purpose): legal services
Mailing Address 2400 Freeman Mill Road 300 Gateway Business Center	
City State Zip Code Greensboro NC 27406	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4252	
Amount Incurred This Period <input type="text" value="2000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3613.69"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Citizens for Responsible Leadership

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Alexis Agency, Inc	Nature of Debt (Purpose): advertising-internet
Mailing Address 1201 19th Place B-401	
City State Zip Code Vero Beach FL 32960	

Outstanding Balance Beginning This Period <input type="text" value="20000.00"/>	Transaction ID : SD10.4159	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15500.00"/>

B. 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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="15500.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="19113.69"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="19113.69"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Citizens for Responsible Leadership	FEC IDENTIFICATION NUMBER ▼ C C00561480
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Advantage Direct	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 2300 Clarendon Boulevard Suite 303	Amount 17177.27
City: Arlington State: VA Zip Code: 22201	Transaction ID : SE.4244
Purpose of Expenditure phone bank Category/Type: 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate THOM R TILLIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 17177.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City: State: Zip Code:	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Category/Type:	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17177.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	17177.27

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

Heather Ford
Signature

[Electronically Filed] Date **12 / 04 / 2014**