

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**
TRULIANT FCU PAC

ADDRESS (number and street) 3200 TRULIANT WAY
Check if different than previously reported. (ACC) WINSTON SALEM NC 27103

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00326132 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2023 through [MM] / [DD] / [YYYY] 12 / 31 / 2023

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 COOKE, ANGELA, , ,

Signature of Treasurer COOKE, ANGELA, , , Date [MM] / [DD] / [YYYY] 01 / 29 / 2024

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TRULIANT FCU PAC

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		9656.96
(b) Cash on Hand at Beginning of Reporting Period.....	15582.08	
(c) Total Receipts (from Line 19)	4056.64	9981.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19638.72	19638.72
7. Total Disbursements (from Line 31).....	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18638.72	18638.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TRULIANT FCU PAC

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).....	2610.00	5495.00
(ii) Unitemized	1446.00	4485.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4056.00	9980.50
(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)	4056.00	9980.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.64	1.26
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)).....▶	4056.64	9981.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4056.64	9981.76

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4056.00	9980.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4056.00	9980.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

NAME OF COMMITTEE (In Full)
TRULIANT FCU PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. AVERILL, EMILY, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : SA11AI.4903
Mailing Address 2192 DAVE STREET		Amount of Each Receipt this Period 150.00
City WINSTON SALEM	State NC	Zip Code 27127
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Donation
Name of Employer (for Individual) TRULIANT FCU	Occupation (for Individual) DIR OF MFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AVERILL, EMILY, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2023 Transaction ID : SA11AI.4919
Mailing Address 2192 DAVE STREET		Amount of Each Receipt this Period 150.00
City WINSTON SALEM	State NC	Zip Code 27127
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Donation
Name of Employer (for Individual) TRULIANT FCU	Occupation (for Individual) DIR OF MFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FRYE, CHAD, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : SA11AI.4859
Mailing Address 8411 CHARTWELL DRIVE		Amount of Each Receipt this Period 90.00
City OAKRIDGE	State NC	Zip Code 27310
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Donation
Name of Employer (for Individual) TRULIANT FEDERAL CU	Occupation (for Individual) VP FACILITIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TRULIANT FCU PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FRYE, CHAD, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.4917
Mailing Address 8411 CHARTWELL DRIVE		Amount of Each Receipt this Period 90.00
City OAKRIDGE	State NC	Zip Code 27310
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) TRULIANT FEDERAL CU	Occupation (for Individual) VP FACILITIES	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hibbard, Donald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2023 Transaction ID : SA11AI.4902
Mailing Address 10835 Rougemont Road		Amount of Each Receipt this Period 90.00
City Bahama	State NC	Zip Code 27503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Truliant FCU	Occupation (for Individual) VP of Digital Operation	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hibbard, Donald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.4918
Mailing Address 10835 Rougemont Road		Amount of Each Receipt this Period 90.00
City Bahama	State NC	Zip Code 27503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Truliant FCU	Occupation (for Individual) VP of Digital Operation	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TRULIANT FCU PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, LINELL, , ,

Mailing Address **657 DOE RUN DRIVE**

City **KERNERSVILLE** State **NC** Zip Code **27284**

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

Name of Employer (for Individual) **TRULIANT FEDERAL CU** Occupation (for Individual) **VP CONTROLLER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 30 / 2023
Transaction ID : SA11AI.4897

Amount of Each Receipt this Period
90.00

Memo Item
 Donation

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, LINELL, , ,

Mailing Address **657 DOE RUN DRIVE**

City **KERNERSVILLE** State **NC** Zip Code **27284**

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

Name of Employer (for Individual) **TRULIANT FEDERAL CU** Occupation (for Individual) **VP CONTROLLER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.4916

Amount of Each Receipt this Period
90.00

Memo Item
 Donation

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LANGFORD, ANDERSON, , ,

Mailing Address **2841 FOXWOOD LANE**

City **WINSTON SALEM** State **NC** Zip Code **27103**

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

Name of Employer (for Individual) **TRULIANT FEDERAL CREDIT UNION** Occupation (for Individual) **CHIEF OPERATIONS OFFICER**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
09 / 30 / 2023
Transaction ID : SA11AI.4883

Amount of Each Receipt this Period
300.00

Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional)..... **480.00**

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 9 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TRULIANT FCU PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LANGFORD, ANDERSON, , ,

Mailing Address **2841 FOXWOOD LANE**

City **WINSTON SALEM** State **NC** Zip Code **27103**

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

Name of Employer (for Individual) **TRULIANT FEDERAL CREDIT UNION** Occupation (for Individual) **CHIEF OPERATIONS OFFICER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period
300.00

Memo Item
Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. McCloud, Precious, , ,

Mailing Address **412 Lagerfield Ct**

City **Kernersville** State **NC** Zip Code **27284**

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

Name of Employer (for Individual) **Truliant Federal Credit Union** Occupation (for Individual) **VP Member Experience MCC & Collect**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period
150.00

Memo Item
Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. McCloud, Precious, , ,

Mailing Address **412 Lagerfield Ct**

City **Kernersville** State **NC** Zip Code **27284**

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

Name of Employer (for Individual) **Truliant Federal Credit Union** Occupation (for Individual) **VP Member Experience MCC & Collecti**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period
150.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ **600.00**

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 10 OF 12
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TRULIANT FCU PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MURRAY, CHRISTOPHER, , ,

Mailing Address 3209 TIMBEROAK CT

City GREENSBORO	State NC	Zip Code 27410
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRULIANT FEDERAL CU	Occupation (for Individual) VP MEMBER EXPERIENCE MFC
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period
300.00

Memo Item
Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MURRAY, CHRISTOPHER, , ,

Mailing Address 3209 TIMBEROAK CT

City GREENSBORO	State NC	Zip Code 27410
--------------------	-------------	-------------------

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

Name of Employer (for Individual) TRULIANT FEDERAL CU	Occupation (for Individual) VP MEMBER EXPERIENCE MFC
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period
300.00

Memo Item
Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MYERS, JACKIE, , ,

Mailing Address 6286 STONE BRIDGE DRIVE

City DUBLIN	State VA	Zip Code 24084
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRULIANT FEDERAL CU	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period
60.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional).....	660.00
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: (check only one)	PAGE 11 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TRULIANT FCU PAC

A. Simpson, Atticus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 442 Paigebrook Drive
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TFCU Occupation (for Individual) DIRECTOR COMM ENGAGEMENT & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2023
Transaction ID : SA11AI.4850
 Amount of Each Receipt this Period 75.00
 Memo Item
 Donation

B. Simpson, Atticus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 442 Paigebrook Drive
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TFCU Occupation (for Individual) DIRECTOR COMM ENGAGEMENT & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.4915
 Amount of Each Receipt this Period 75.00
 Memo Item
 Donation

C. Whitman, Christene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 Brook Stone Drive
 City Clemmons State NC Zip Code 27012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TFCU Occupation (for Individual) COMPLIANCE & BSA Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.4913
 Amount of Each Receipt this Period 60.00
 Memo Item
 Donation

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	2610.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
TRULIANT FCU PAC

Full Name (Last, First, Middle Initial)

A. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House Senate President
State: NC District: 00

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2023

FEC Identification Number

C C00545772

Transaction ID : SB23.4945

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00