

Thom Tillis Committee

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FAX COVER PAGE

TO: Secretary of the Senate / Office of Public Records

COMPANY:

FAX NUMBER: 202-224-1851

FROM: Thom Tillis Committee (C00545772)

DATE: 10/17/2014

NUMBER OF PAGES: 3

(including cover page)

MESSAGE:

Please send confirmation reply fax to this phone number – 919-324-6611

IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL 919.889.1817

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Paid for by Thom Tillis Committee

PO Box 97275, Raleigh NC 27624 | (919) 889-1817 | fax (919) 324-6611

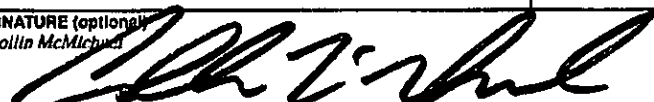
14020982786

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

RECEIVED PAGE 172 RECEIVED
 SECRETARY OF THE SENATE PUBLIC RECORDS
 14 OCT 17 PM 2:53

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

1. NAME OF COMMITTEE IN FULL Thom Tillis Committee			
ADDRESS (number and street) PO Box 97398			
CITY, STATE, and ZIP CODE Raleigh NC 27624			
2. NAME OF CANDIDATE Thom R. Tillis		3. OFFICE SOUGHT (State and District) Senate NC	4. FEC IDENTIFICATION NUMBER C00545772
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE MR. DALE M. BROWN 131 NEWCOMB LANE LEWISVILLE NC 27023-7101		Name of Employer RETIRED Transaction ID : TX21659 Occupation RETIRED	Date (month, day, year) 10/16/2014 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE DR. MARC DARST 8001 SERENDIPITY LANE CHARLOTTE NC 28277-		Name of Employer DARST DERMATOLOGY Transaction ID : TX24444 Occupation PHYSICIAN	Date (month, day, year) 10/16/2014 Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE MRS. SANDRA DARST 8001 SERENDIPITY LANE CHARLOTTE NC 28277-		Name of Employer DARST DERMATOLOGY Transaction ID : TX24443 Occupation PRACTICE MANAGER	Date (month, day, year) 10/16/2014 Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE MRS. JAMIE T. DILWEG 5 KENDALL DRIVE CHAPEL HILL NC 27517-5645		Name of Employer HOMEMAKER Transaction ID : TX21660 Occupation HOMEMAKER	Date (month, day, year) 10/16/2014 Amount 2600.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE DR. CATHERINE HEALY KASSENS 2104 S CANTERBURY RD WILMINGTON NC 28403-8104		Name of Employer SELF-EMPLOYED Transaction ID : TX21658 Occupation PHYSICIAN	Date (month, day, year) 10/16/2014 Amount 1600.00
SIGNATURE (optional) Collin McMichael 		DATE 10/17/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)

14020982787

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PAGE 2 / 2
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1. NAME OF COMMITTEE IN FULL Thom Tillis Committee			
ADDRESS (number and street) PO Box 97396			
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5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<i>continuation page</i>			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE MS. FRANCES MURPHY 24 DOCKSIDE LANE #39 KEY LARGO FL 33037-		Name of Employer RETIRED Transaction ID : TX24446 Occupation RETIRED	Date (month, day, year) 10/16/2014 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE MR. ROBERT WERRA 2800 N. DALLAS PARKWAY 100 PLANO TX 75093-		Name of Employer UNIVESCO, INC Transaction ID : TX24446 Occupation REAL ESTATE EXECUTIVE	Date (month, day, year) 10/16/2014 Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation	Date (month, day, year) Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation	Date (month, day, year) Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation	Date (month, day, year) Amount

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14020982788

United States Senate

OFFICE OF THE SECRETARY

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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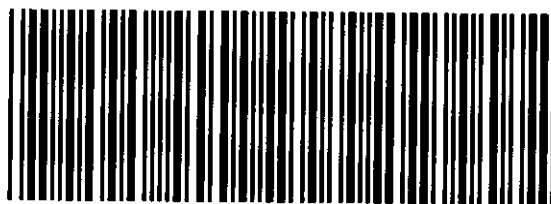
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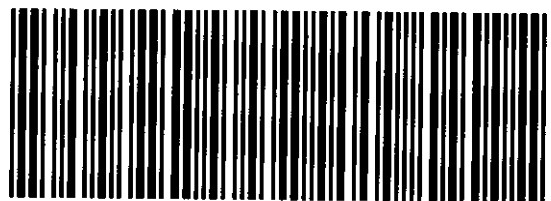
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