

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 20 AM 11:30

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 01 / 01 / 2015

through

M M / D D / Y Y Y Y Y Y 03 / 31 / 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

Collin McMichael

Date

M M / D D / Y Y Y Y Y Y 04 / 15 / 2015

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)

15020150814

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 104

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)) ...	218845.63	710396.54
(b) Total Contribution Refunds (from Line 20(d)) ..	5000.00	44381.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	213845.63	666015.38
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	263519.47	1127200.04
(b) Total Offsets to Operating Expenditures (from Line 14)...	3999.19	6234.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	259520.28	1120965.37
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	204740.65	
<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>	466965.11	

**For further information contact:**

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

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

15020150815

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 104

Write or Type Committee Name

**Thom Tillis Committee**

Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2015

 To: 

M M	/	D D	/	Y Y Y Y Y Y
03	/	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) ...

58900.00

134875.00

(ii) Unitemized .....

2137.43

6918.43

(iii) TOTAL of contributions  
from individuals . ▶

61037.43

141793.43

(b) Political Party Committees...

0.00

0.00

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

157808.20

568603.11

(d) The Candidate .....

0.00

0.00

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

218845.63

710396.54

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES ..

15999.41

31508.27

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.) ..

3999.19

6234.67

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)... ▶

238844.23

748139.48

15020150816

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	263519.47	1127200.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	250000.00	250000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	250000.00	250000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	-1000.00	38381.16
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	6000.00	6000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	5000.00	44381.16
21. OTHER DISBURSEMENTS ...	2000.00	2000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	520519.47	1423581.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	486415.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	238844.23
25. SUBTOTAL (add Line 23 and Line 24)...	725260.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	520519.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	204740.65

15020150817

**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.

**Form/Schedule:**  
**Transaction ID:**

15020150818

**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 104
	<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	

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. MS. MARGARET C. BINZER**

Mailing Address **4114 CHEROKEE AVENUE**

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

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

Name of Employer Occupation  
**POLSINELLI ATTORNEY**

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 31 / 2015**

Transaction ID : **SA11.40184**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**B. MR. HAROLD W. BLOT**

Mailing Address **109 LUGANO ROAD**

City State Zip Code  
**NEW BERN NC 28562-8967**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 04 / 2015**

Transaction ID : **SA11.40111**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL D. BOPP**

Mailing Address **1409 BISHOP LANE**

City State Zip Code  
**ALEXANDRIA VA 22302-3403**

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

Name of Employer Occupation  
**GIBSON, DUNN & CRUTCHER, LLP PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1250.00**

Date of Receipt  
 MM / DD / YYYY  
**01 / 26 / 2015**

Transaction ID : **SA11.40069**

Amount of Each Receipt this Period  
**1250.00**

CONTRIBUTION

DEBT RETIREMENT

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

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

**2500.00**

15020150819

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

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

FOR LINE NUMBER: PAGE 7 OF 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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. DAVID W. BOYER**

Mailing Address **5105 26TH ROAD N**

City **ARLINGTON** State **VA** Zip Code **22207-1717**

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

Name of Employer **BGR GOVERNMENT AFFAIRS, LLC** Occupation **PRINCIPAL**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : SA11.40194**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT H. BUKER JR.**

Mailing Address **9433 STATE ROAD 80 SW**

City **MOORE HAVEN** State **FL** Zip Code **33471-5795**

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

Name of Employer **U.S. SUGAR CORP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : SA11.40187**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address **13338 REGAL CREST DR**

City **CLIFTON** State **VA** Zip Code **20124-0979**

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

Name of Employer **SELF-EMPLOYED** Occupation **CIVIL ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 10 / 2015**

**Transaction ID : SA11.40132**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

DEBT RETIREMENT

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

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

15020150820

**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 104
	<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)  
**MS. ANNE C. CANFIELD**

A. Mailing Address **823 ORONOCO STREET**

City State Zip Code  
**ALEXANDRIA VA 22314-2219**

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

Name of Employer Occupation  
**DAVIS & HARMAN, LLP ATTORNEY**

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 31 / 2015**  
**Transaction ID : SA11.40189**

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

Full Name (Last, First, Middle Initial)  
**MUSTAFA CICEK**

B. Mailing Address **1018 SUMMIT PARK AVE**

City State Zip Code  
**APEX NC 27523-4365**

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

Name of Employer Occupation  
**ATC ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **350.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 17 / 2015**  
**Transaction ID : SA11.40152**

Amount of Each Receipt this Period  
**350.00**  
 CONTRIBUTION  
 DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**MR. AARON K. COHEN**

C. Mailing Address **1007 W. BRADDOCK ROAD**

City State Zip Code  
**ALEXANDRIA VA 22302-3229**

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

Name of Employer Occupation  
**CAPITAL COUNSEL LLC PRINCIPAL**

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

Date of Receipt  
 MM / DD / YYYY  
**02 / 06 / 2015**  
**Transaction ID : SA11.40088**

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).....

**1850.00**

15020150821

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

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

FOR LINE NUMBER: PAGE 9 OF 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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

**A.** Full Name (Last, First, Middle Initial)  
**MS. DONNA H. COMER**

Mailing Address 107 GREENFIELD HEIGHTS BLVD.

City HAVELOCK	State NC	Zip Code 28532-9518
------------------	-------------	------------------------

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SA11.40112

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
  
CONTRIBUTION

Name of Employer  
STATE FARM

Occupation  
AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
  
DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT CHARLES DACEY**

Mailing Address 139 TRENT SHORES DR.

City TRENT WOODS	State NC	Zip Code 28562-7741
---------------------	-------------	------------------------

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : SA11.40110

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
  
CONTRIBUTION

Name of Employer  
DACEY PUBLIC AFFAIRS

Occupation  
GOVERNMENT RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
  
DEBT RETIREMENT

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

Mailing Address 3879 MOHR OAK CT

City FAIRFAX	State VA	Zip Code 22033-2482
-----------------	-------------	------------------------

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : SA11.40130

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
  
CONTRIBUTION

Name of Employer  
FASHION OPTIK

Occupation  
OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
  
DEBT RETIREMENT

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

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

15020150822

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 104		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**MR. BRENT A. DELMONTE**

A. Mailing Address **1204 N. UTAH STREET**

City State Zip Code  
**ARLINGTON VA 22201-4820**

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

Name of Employer Occupation  
**BIOTECHNOLOGY INDUSTRY ORGANIZATIO SR. VICE PRESIDENT GOVERNMENT RELA**

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 24 / 2015**  
**Transaction ID : SA11.40166**

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

B. Full Name (Last, First, Middle Initial)  
**MR. JACK DEUSER**

Mailing Address **4717 POPLAR DRIVE**

City State Zip Code  
**ALEXANDRIA VA 22310-1355**

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

Name of Employer Occupation  
**THE SMITH-FREE GROUP SENIOR VICE PRESIDENT**

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

Date of Receipt  
 MM / DD / YYYY  
**01 / 04 / 2015**  
**Transaction ID : SA11.40222**

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

C. Full Name (Last, First, Middle Initial)  
**MR. ROBERT H. DUNHAM**

Mailing Address **1444 RIDGEMERE LANE**

City State Zip Code  
**WINSTON SALEM NC 27106-4483**

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

Name of Employer Occupation  
**R. A I SENIOR VP**

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 24 / 2015**  
**Transaction ID : SA11.40163**

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

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

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

**3000.00**

15020150823

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

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

FOR LINE NUMBER: PAGE 11 OF 104  
(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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

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

Mailing Address **403 LLOYDS LANE**

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

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 24 / 2015**  
Transaction ID : **SA11.40170**

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

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**JOSE FANJUL JR**

Mailing Address **1 N. CLEMATIS STREET, STE. 200**

City **WEST PALM BEACH** State **FL** Zip Code **33401-5551**

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

Name of Employer **FLORIDA CRYSTALS CORPORATION** Occupation **EVP**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 20 / 2015**  
Transaction ID : **SA11.40155**

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

DEBT RETIREMENT

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

Mailing Address **1 N. CLEMATIS STREET, STE. 200**

City **WEST PALM BEACH** State **FL** Zip Code **33401-5551**

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

Name of Employer **NO EMPLOYER** Occupation **UNEMPLOYED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 20 / 2015**  
Transaction ID : **SA11.40154**

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

DEBT RETIREMENT

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

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

15020150824

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

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

FOR LINE NUMBER: PAGE 12 OF 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES EVERETTE FARRINGTON**

Mailing Address **413 SUNRISE COURT**

City <b>EMERALD ISLE</b>	State <b>NC</b>	Zip Code <b>28594-3050</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer <b>FARRINGTON YARDWORKS INC.</b>	Occupation <b>OWNER</b>
--	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2015**

Transaction ID : **SA11.40113**

Amount of Each Receipt this Period  
**500.00**

**CONTRIBUTION**

**DEBT RETIREMENT**

**B.** Full Name (Last, First, Middle Initial)  
**ALAN FRANCO**

Mailing Address **524 METAIRIE ROAD**

City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70005-4308</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>MAGNOLIA MARKETING LLC</b>	Occupation <b>PARTNER</b>
---	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 30 / 2015**

Transaction ID : **SA11.40177**

Amount of Each Receipt this Period  
**2600.00**

**CONTRIBUTION**

**DEBT RETIREMENT**

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J. FRITSCH**

Mailing Address **151 PASQUOTANK DRIVE**

City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27609-6929</b>
------------------------	--------------------	-------------------------------

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

Name of Employer <b>HIGHWOODS PROPERTIES</b>	Occupation <b>COMMERCIAL REAL ESTATE</b>
---	---

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 12 / 2015**

Transaction ID : **SA11.40100**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

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

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

**4100.00**

15020150825

**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 104
	<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. MILTON E. GOLD JR.</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2015
A. Mailing Address <b>803 LAKE POINTE ROAD</b>		Transaction ID : <b>SA11.40114</b>
City <b>NEW BERN</b>	State <b>NC</b>	Zip Code <b>28562-7316</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <b>AMITAL</b>	Occupation <b>CEO/PRESIDENT/CHAIRMAN</b>	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>MR. LON N. GOLDSTEIN</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015
B. Mailing Address <b>1445 CHURCH STREET NW #32</b>		Transaction ID : <b>SA11.40168</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005-1985</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer <b>C. IT</b>	Occupation <b>GOVERNMENT RELATIONS</b>	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

Full Name (Last, First, Middle Initial) <b>MR. KENAN GUNDOGDU</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
C. Mailing Address <b>1716 EDENHURST AVE</b>		Transaction ID : <b>SA11.40179</b>
City <b>CARY</b>	State <b>NC</b>	Zip Code <b>27513-8131</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer <b>NCSU</b>	Occupation <b>ASSISTANT PROFESSOR</b>	CONTRIBUTION
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

15020150826

**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 104  
(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)  
**HAKAN GUNER**

A. Mailing Address **8221 PERIDOT DR #104**

City State Zip Code  
**MCLEAN VA 22102-3936**

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

Name of Employer Occupation  
**VERIZON ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **250.00**

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

Transaction ID : **SA11.40139**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)  
**EMIN HALAC**

Mailing Address **613 ECHOLS ST SE**

City State Zip Code  
**VIENNA VA 22180-4830**

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

Name of Employer Occupation  
**USA CABINET STORE OWNER**

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

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

Transaction ID : **SA11.40133**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)  
**MR. HARDIN G. HALSEY**

Mailing Address **4207 ALLISTAIR ROAD**

City State Zip Code  
**WINSTON SALEM NC 27104-1203**

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

Name of Employer Occupation  
**WOMBLE CARLYLE ATTORNEY**

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

Date of Receipt  
 MM / DD / YYYY  
**01 / 08 / 2015**

Transaction ID : **SA11.39995**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

DEBT RETIREMENT

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

**1250.00**

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

15020150827

**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 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

**MR. DANIEL HERKO**

**A.**

Mailing Address 1005 WEATHERFORD TRL

City State Zip Code  
**LEWISVILLE NC 27023-7104**

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

Name of Employer Occupation  
**REYNOLDS AMERICAN EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**03 / 24 / 2015**

Transaction ID : SA11.40164

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**MR. TOM C. KOROLOGOS**

**B.**

Mailing Address 3303 WATER STREET NW #6F

City State Zip Code  
**WASHINGTON DC 20007-3578**

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

Name of Employer Occupation  
**D. L A PIPER STRATEGIC ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**03 / 24 / 2015**

Transaction ID : SA11.40171

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**YAVUZ KORUK**

**C.**

Mailing Address 21 OAKHAVEN TERRACE

City State Zip Code  
**ASHEVILLE NC 28803-9616**

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

Name of Employer Occupation  
**NYTE INC GENERAL MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**03 / 12 / 2015**

Transaction ID : SA11.40151

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

DEBT RETIREMENT

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

**3000.00**

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

15020150828

**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 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial)  
**MR. DAVID M. LARSON**

A. Mailing Address **5979 NORTH 9TH STREET**

City	State	Zip Code
ARLINGTON	VA	22205-1446

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
AMERICAN CAPITOL GROUP	PARTNER

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

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2015  
Transaction ID : SA11.40015

Amount of Each Receipt this Period  
 1000.00  
CONTRIBUTION  
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)  
**MR. TIM LOCKE**

Mailing Address **2111 WOODMONT ROAD**

City	State	Zip Code
ALEXANDRIA	VA	22307-1156

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
THE SMITH-FREE COMPANY	CONSULTANT

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

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2015  
Transaction ID : SA11.40098

Amount of Each Receipt this Period  
 500.00  
CONTRIBUTION  
DEBT RETIREMENT

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

Mailing Address **14203 SUNCATCHER CT APT C**

City	State	Zip Code
CENTREVILLE	VA	20121-4682

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
CABINET DISTRIBUTION CENTER	CEO

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

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2015  
Transaction ID : SA11.40131

Amount of Each Receipt this Period  
 1000.00  
CONTRIBUTION  
DEBT RETIREMENT

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

15020150829

**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 104
	(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. KENNETH W. MCDUFFIE**

Mailing Address **105 WEST DEL MONTE AVENUE**

City **CLEWISTON** State **FL** Zip Code **33440-5201**

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

Name of Employer **U.S. SUGAR CORPORATION** Occupation **VICE PRESIDENT**

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  
**03 / 31 / 2015**

Transaction ID : **SA11.40185**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)  
**MR. KENNETH E. MORRIS, III**

Mailing Address **503 HAYWOOD CREEK DR.**

City **TRENT WOODS** State **NC** Zip Code **28562-7417**

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

Name of Employer **FIRST CHOICE BENEFITS, INC.** Occupation **INSURANCE AGENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2015**

Transaction ID : **SA11.40115**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address **1208 CHESSWAY DR.**

City **MORRISVILLE** State **NC** Zip Code **27560-6019**

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

Name of Employer **NSCU** Occupation **ASSOCIATE PROFESSOR**

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  
**03 / 31 / 2015**

Transaction ID : **SA11.40180**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**2250.00**

15020150830

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

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

FOR LINE NUMBER: PAGE 18 OF 104  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. AVIS A. PHILLIPS**

Mailing Address **PO BOX 50730**

City **KNOXVILLE** State **TN** Zip Code **37950-0730**

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

Name of Employer **AVISCO, INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : SA11.40083**

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

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**MRS. AVIS A. PHILLIPS**

Mailing Address **PO BOX 50730**

City **KNOXVILLE** State **TN** Zip Code **37950-0730**

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

Name of Employer **AVISCO, INC.** Occupation **PRESIDENT**

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : SA11.40084**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM T. PHILLIPS JR.**

Mailing Address **PO BOX 50730**

City **KNOXVILLE** State **TN** Zip Code **37950-0730**

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

Name of Employer **PHILLIPS & JORDAN, INC.** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **02 / 05 / 2015**  
**Transaction ID : SA11.40085**

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

DEBT RETIREMENT

**SUBTOTAL** of Receipts This Page (optional)..... **7800.00**

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

15020150831

**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 104  
(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. WILLIAM T. PHILLIPS JR.**

Mailing Address **PO BOX 50730**

City **KNOXVILLE** State **TN** Zip Code **37950-0730**

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

Name of Employer **PHILLIPS & JORDAN, INC.** Occupation **CEO**

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**02 / 05 / 2015**

Transaction ID : **SA11.40086**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK N. POOVEY**

Mailing Address **119-A SOUTH LUMINA AVENUE**

City **WRIGHTSVILLE BEACH** State **NC** Zip Code **28480-6203**

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

Name of Employer **WOMBLE CARLYLE SANDRIDGE AND RICE** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
**01 / 08 / 2015**

Transaction ID : **SA11.39996**

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

**DEBT RETIREMENT**

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

Mailing Address **4601 LUXBERRY DR**

City **FAIRFAX** State **VA** Zip Code **22032-1930**

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

Name of Employer **PERA CONSTRUCTION** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
**03 / 07 / 2015**

Transaction ID : **SA11.40125**

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).....

**4600.00**

15020150832

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial)  
**MR. DAVID J. SCHIAPPA**

A. Mailing Address **2704 HOWARD GROVE ROAD**

City State Zip Code  
**DAVIDSONVILLE MD 21035-1243**

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

Name of Employer Occupation  
**THE DUBERSTEIN GROUP, INC. VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**03 / 24 / 2015**  
Transaction ID : **SA11.40167**

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

B. Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS H. SCHWARTZ**

Mailing Address **1348 CONSTITUTION AVENUE NE**

City State Zip Code  
**WASHINGTON DC 20002-6467**

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

Name of Employer Occupation  
**CGCN GROUP PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**03 / 24 / 2015**  
Transaction ID : **SA11.40169**

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

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

Mailing Address **5904 NORTH 22ND STREET**

City State Zip Code  
**ARLINGTON VA 22205-3327**

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

Name of Employer Occupation  
**JOCHUM SHORE & TROSSEVIN PC ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**03 / 12 / 2015**  
Transaction ID : **SA11.40149**

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

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

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

**1250.00**

15020150833

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

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

FOR LINE NUMBER: PAGE 21 OF 104  
(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. SHAWN H. SMEALLIE**

**A.** Mailing Address 1310 BISHOP LANAE

Date of Receipt  

MM	DD	YYYY
02	10	2015

City State Zip Code  
**ALEXANDRIA VA 22302-3401**

**Transaction ID : SA11.40093**

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

Amount of Each Receipt this Period  

500.00
--------

Name of Employer Occupation  
**AMERICAN CONTINENTAL GROUP MANAGING PARTNER**

**CONTRIBUTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  

500.00
--------

**DEBT RETIREMENT**

Full Name (Last, First, Middle Initial)  
**ASHLEY M. SMITH**

**B.** Mailing Address 1215 PINE VALLEY DRIVE

Date of Receipt  

MM	DD	YYYY
03	04	2015

City State Zip Code  
**NEW BERN NC 28562-2940**

**Transaction ID : SA11.40122**

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

Amount of Each Receipt this Period  

250.00
--------

Name of Employer Occupation  
**RETIRED RETIRED**

**CONTRIBUTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  

250.00
--------

**DEBT RETIREMENT**

Full Name (Last, First, Middle Initial)  
**MR. NEIL F. SMITH**

**C.** Mailing Address 206 RIDGEWOOD AVENUE

Date of Receipt  

MM	DD	YYYY
03	31	2015

City State Zip Code  
**CLEWISTON FL 33440-5111**

**Transaction ID : SA11.40188**

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

Amount of Each Receipt this Period  

1000.00
---------

Name of Employer Occupation  
**U. S. SUGAR CORP VICE PRESIDENT SUGAR MANUFACTURING**

**CONTRIBUTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  

1000.00
---------

**DEBT RETIREMENT**

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

1750.00
---------

15020150834

**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 104  
(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. LLOYD K. TAYLOR**

Mailing Address **PO BOX 14166**

City **NEW BERN** State **NC** Zip Code **28561-4166**

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

Name of Employer **RETIRED FROM TAYLOR DEVELOPMENT** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : SA11.40117**

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

**DEBT RETIREMENT**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. TAYLOR**

Mailing Address **504 LILLIPUT DRIVE**

City **NEW BERN** State **NC** Zip Code **28562-9065**

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

Name of Employer **TRADER CONSTRUCTION** Occupation **PROJECT MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : SA11.40118**

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

**DEBT RETIREMENT**

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

Mailing Address **3529 COUNTRY CLUB RD**

City **NEW BERN** State **NC** Zip Code **28562-7709**

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

Name of Employer **TAYLOR PUBLICATIONS** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : SA11.40119**

Amount of Each Receipt this Period **100.00**  
**CONTRIBUTION**

**DEBT RETIREMENT**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

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

15020150835

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

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

FOR LINE NUMBER: PAGE 23 OF 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial)  
**MR. CHARLES F. TYSON JR.**

A. Mailing Address **4507 WEST FAIRWAY DRIVE**

City **NEW BERN** State **NC** Zip Code **28562-7533**

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

Name of Employer **TYSON HOOKS REALTY** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**03 / 04 / 2015**

Transaction ID : **SA11.40120**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**ARIF VOLKAN VURAL**

B. Mailing Address **11701 FAIRFAX WOODS WAY**

City **FAIRFAX** State **VA** Zip Code **22030-8402**

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

Name of Employer **NATIONAL RAILROAD PASSENGER CORPOF** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**03 / 11 / 2015**

Transaction ID : **SA11.40147**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**MR. MALCOLM S. WADE JR.**

C. Mailing Address **209 RIDGEWOOD AVENUE**

City **CLEWISTON** State **FL** Zip Code **33440-5112**

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

Name of Employer **U.S. SUGAR CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**03 / 31 / 2015**

Transaction ID : **SA11.40186**

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).....

**1750.00**

15020150836

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

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

FOR LINE NUMBER: PAGE 24 OF 104  
(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. WILLIAM S. WELLONS JR.**

**A.** Mailing Address P.O. BOX 766

City State Zip Code  
SPRING LAKE NC 28390-0766

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

Name of Employer Occupation  
SELF-EMPLOYED DEVELOPER

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2015

Transaction ID : SA11.39966

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**MR. JOHN S. WILSON III**

**B.** Mailing Address 129 BALLYHOO DRIVE

City State Zip Code  
LEWISVILLE NC 27023-9633

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

Name of Employer Occupation  
R. A I ATTORNEY

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SA11.40178

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**EASTERN BAND OF MISSION INDIANS**

**C.** Mailing Address 515 S. FIGUEROA STREET  
SUITE 1110

City State Zip Code  
LOS ANGELES CA 90071-3314

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

Name of Employer Occupation

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2015

Transaction ID : SA11.40075

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

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

3600.00

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

15020150837

**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 104
	<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)  
**FOREST COUNTY POTAWATOMI COMMUNITY**

A. Mailing Address **PO BOX 340**

City State Zip Code  
**CRANDON WI 54520-0340**

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2600.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 31 / 2015**  
**Transaction ID : SA11.40195**

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

Full Name (Last, First, Middle Initial)  
**MORONGO BAND OF MISSION INDIANS**

B. Mailing Address **12700 PUMARRA RD**

City State Zip Code  
**BANNING CA 92220-6977**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2600.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 24 / 2015**  
**Transaction ID : SA11.40172**

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

**DEBT RETIREMENT**

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  
 MM / DD / YYYY

Amount of Each Receipt this Period

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

**5200.00**

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

**58900.00**

15020150838

**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 26 OF 104
	<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)  
**ALLEN MCNEILL FOR NC HOUSE**

Mailing Address **350 N COX STREET**  
**SUITE 8**

City **ASHEBORO** State **NC** Zip Code **27203-5514**

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  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2015**

Transaction ID : **SA11.40068**

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

**B.** Full Name (Last, First, Middle Initial)  
**MECKLENBURG REPUBLICAN EXECUTIVE COMMITTEE**

Mailing Address **500 E. MOREHEAD ST.**  
**SUITE 104**

City **CHARLOTTE** State **NC** Zip Code **28202-2620**

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  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2015**

Transaction ID : **SA11.40072**

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

**C.** Full Name (Last, First, Middle Initial)  
**AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)**

Mailing Address **1932 WYNNTON ROAD**

City **COLUMBUS** State **GA** Zip Code **31999-0001**

FEC ID number of contributing federal political committee. **C C00034157**

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  
**02 / 03 / 2015**

Transaction ID : **SA11.40080**

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

DEBT RETIREMENT

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

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

**3500.00**

15020150859

**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 104  
(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	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**AGRICULTURAL RETAILERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1156 15TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20005-1718

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SA11.40197

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT**

Mailing Address 222 SOUTH PROSPECT AVE  
C/O FINANCE DEPARTMENT

City PARK RIDGE State IL Zip Code 60068-4037

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

Transaction ID : SA11.40137

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMM**

Mailing Address ONE MASSACHUSETTS AVE NW  
SUITE 800

City WASHINGTON State DC Zip Code 20001-1401

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : SA11.40160

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).....

3000.00

15020150840

**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 104  
(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)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

**A.** Mailing Address **800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20001-5188**

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M  D  Y /  M  D  Y /  Y  Y  Y  Y  
**01 / 22 / 2015**

Transaction ID : **SA11.40025**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL**

**B.** Mailing Address **220 LEIGH FARM RD  
PALLADIAN 1**

City **DURHAM** State **NC** Zip Code **27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M  D  Y /  M  D  Y /  Y  Y  Y  Y  
**03 / 06 / 2015**

Transaction ID : **SA11.40124**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

**C.** Mailing Address **25 MASSACHUSETTS AVE, NW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20001-7400**

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M  D  Y /  M  D  Y /  Y  Y  Y  Y  
**02 / 10 / 2015**

Transaction ID : **SA11.40094**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

DEBT RETIREMENT

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

**15000.00**

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

15020150841

**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 104  
(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	<input type="checkbox"/> 15

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

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

**A.** Mailing Address 1300 MORRIS DRIVE SUITE 100

City State Zip Code  
CHESTERBROOK PA 19087-5559

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : SA11.40076

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 1300 MORRIS DRIVE SUITE 100

City State Zip Code  
CHESTERBROOK PA 19087-5559

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : SA11.40159

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City State Zip Code  
WASHINGTON DC 20005-3819

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SA11.40174

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

DEBT RETIREMENT

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

5500.00

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

15020150842

**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 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>AT&amp;T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&amp;T FEDERAL P</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2015
Mailing Address <b>208 S. AKARD STREET SUITE 2701</b>		Transaction ID : <b>SA11.40087</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75202-4206</b>
FEC ID number of contributing federal political committee. <b>C C00109017</b>	Amount of Each Receipt this Period 1000.00	
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 1000.00	DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('B</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address <b>300 BOSTON SCIENTIFIC WAY</b>		Transaction ID : <b>SA11.40183</b>
City <b>MARLBOROUGH</b>	State <b>MA</b>	Zip Code <b>01752-1291</b>
FEC ID number of contributing federal political committee. <b>C C00357863</b>	Amount of Each Receipt this Period 1000.00	
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 1000.00	DEBT RETIREMENT

Full Name (Last, First, Middle Initial) <b>BURGER KING FRANCHISEE PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address <b>1701 BARRETT LAKES BLVD. NWSUITE 1</b>		Transaction ID : <b>SA11.40190</b>
City <b>KENNESAW</b>	State <b>GA</b>	Zip Code <b>30144-4561</b>
FEC ID number of contributing federal political committee. <b>C C00329425</b>	Amount of Each Receipt this Period 2000.00	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020150843

**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 104  
(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)  
**CAMPBELL SOUP COMPANY PAC CAMPBELL PAC**

Mailing Address **1 CAMPBELL PLACE MS43K**

City State Zip Code  
**CAMDEN NJ 08103-1701**

FEC ID number of contributing federal political committee. **C C00415166**

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  
**03 / 30 / 2015**

Transaction ID : **SA11.40175**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT

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

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

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

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

Name of Employer Occupation

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 08 / 2015**

Transaction ID : **SA11.39998**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address **PO BOX 133, WILMINGTON, DE**

City State Zip Code  
**WILMINGTON DE 19899-0133**

FEC ID number of contributing federal political committee. **C C00254938**

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  
**03 / 31 / 2015**

Transaction ID : **SA11.40181**

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) .....

**7000.00**

15020150844

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

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

FOR LINE NUMBER: PAGE 32 OF 104  
(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)  
**CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPO**

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

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2015**

Transaction ID : **SA11.40134**

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

DEBT RETIREMENT

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

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

City State Zip Code  
**WASHINGTON DC 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 **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

Transaction ID : **SA11.40095**

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

DEBT RETIREMENT

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

Mailing Address **818 CONNECTICUT AVENUE, NW  
SUITE 200**

City State Zip Code  
**WASHINGTON DC 20006-2742**

FEC ID number of contributing federal political committee. **C C00121350**

Name of Employer Occupation

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2015**

Transaction ID : **SA11.40073**

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

DEBT RETIREMENT

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

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

**4000.00**

15020150843

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

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

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

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

Name of Employer Occupation

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

Date of Receipt  
 MM / DD / YYYY  
**02 / 03 / 2015**

Transaction ID : **SA11.40077**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS**

Mailing Address **139 PROMINENCE COURT STE. 110**

City State Zip Code  
**DAWSONVILLE GA 30534-8940**

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 31 / 2015**

Transaction ID : **SA11.40192**

Amount of Each Receipt this Period  
**3000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COMMONWEALTH-ALTADIS, INC. EMPLOYEE PAC**

Mailing Address **5900 N ANDREWS AVE SUITE 1100**

City State Zip Code  
**FORT LAUDERDALE FL 33309-2354**

FEC ID number of contributing federal political committee. **C C00455600**

Name of Employer Occupation

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 31 / 2015**

Transaction ID : **SA11.40182**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

DEBT RETIREMENT

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

**9000.00**

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

15020150846

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

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

FOR LINE NUMBER: PAGE 34 OF 104  
(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)  
**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Mailing Address **316 PENNSYLVANIA AVE SE  
SUITE 401**

City State Zip Code  
**WASHINGTON DC 20003-1172**

FEC ID number of contributing federal political committee. **C C00503680**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 11 / 2015**  
**Transaction ID : SA11.40136**

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

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

Mailing Address **100 TICE BOULEVARD**

City State Zip Code  
**WOODCLIFF LAKE NJ 07677-8404**

FEC ID number of contributing federal political committee. **C C00429886**

Name of Employer Occupation

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

Date of Receipt  
 MM / DD / YYYY  
**03 / 10 / 2015**  
**Transaction ID : SA11.40128**

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

Full Name (Last, First, Middle Initial)  
**EXPERIAN NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (EXPE**

Mailing Address **475 ANTON BLVD**

City State Zip Code  
**COSTA MESA CA 92626-7037**

FEC ID number of contributing federal political committee. **C C00379768**

Name of Employer Occupation

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

Date of Receipt  
 MM / DD / YYYY  
**02 / 02 / 2015**  
**Transaction ID : SA11.40089**

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

**SUBTOTAL** of Receipts This Page (optional) ..... **6000.00**  
**TOTAL** This Period (last page this line number only) .....

15020150847

**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 104  
(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)  
**FORD MOTOR COMPANY CIVIC ACTION FUND**

**A.** Mailing Address **PO BOX 75000**

City State Zip Code  
**DETROIT MI 48275-0001**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 31 / 2015**

Transaction ID : **SA11.40200**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. 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 **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 23 / 2015**

Transaction ID : **SA11.40157**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**C. GIBSON DUNN & CRUTCHER LLP PAC**

Mailing Address **333 SOUTH GRAND AVENUE**

City State Zip Code  
**LOS ANGELES CA 90071-1504**

FEC ID number of contributing federal political committee. **C C00344754**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1250.00**

Date of Receipt  
 MM / DD / YYYY  
**01 / 26 / 2015**

Transaction ID : **SA11.40070**

Amount of Each Receipt this Period  
**1250.00**

CONTRIBUTION

DEBT RETIREMENT

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

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

**4750.00**

15020150848

**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 104  
(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)  
**GREENBERG TRAURIG, P.A. PAC**

Mailing Address **54 STATE STREET**  
**6TH FLOOR**

City **ALBANY** State **NY** Zip Code **12207-2510**

FEC ID number of contributing federal political committee. **C C00266585**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **458.20**

Date of Receipt **01 / 13 / 2015**  
Transaction ID : **SA11.40091**

Amount of Each Receipt this Period  
**458.20**  
CONTRIBUTION  
INKIND- FOOD/BEVERAGE

**B.** Full Name (Last, First, Middle Initial)  
**HOLCIM (US) INC. PAC**

Mailing Address **600 PENNSYLVANIA AVE., SE**  
**SUITE 410**

City **WASHINGTON** State **DC** Zip Code **20003-4350**

FEC ID number of contributing federal political committee. **C C00213348**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **01 / 21 / 2015**  
Transaction ID : **SA11.40018**

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

**C.** Full Name (Last, First, Middle Initial)  
**ICPI PAVERPAC INTERLOCKING CONCRETE PAVEMENT INSTITUTE PAVER**

Mailing Address **14801 MURDOCK STREET**  
**SUITE 230**

City **CHANTILLY** State **VA** Zip Code **20151-1037**

FEC ID number of contributing federal political committee. **C C00458224**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 23 / 2015**  
Transaction ID : **SA11.40156**

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

**SUBTOTAL** of Receipts This Page (optional)..... **1958.20**

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

15020150849

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

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

FOR LINE NUMBER: PAGE 37 OF 104  
(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)  
**INTERNATIONAL FOODSERVICE DISTRIBUTORS ASSOCIATION POLITICAL**

**A.** Mailing Address **1410 SPRING HILL ROAD  
SUITE 210**

City **MCLEAN** State **VA** Zip Code **22102-3035**

FEC ID number of contributing federal political committee. **C C00383521**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **01 / 07 / 2015**  
Transaction ID : **SA11.39997**

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

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)**

**B.** Mailing Address **1601 K STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006-1682**

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **02 / 10 / 2015**  
Transaction ID : **SA11.40097**

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

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC**

**C.** Mailing Address **1801 K STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006-1302**

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt **03 / 31 / 2015**  
Transaction ID : **SA11.40196**

Amount of Each Receipt this Period  
**5000.00**  
CONTRIBUTION

DEBT RETIREMENT

**SUBTOTAL** of Receipts This Page (optional)..... **8500.00**

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

15020150850

**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 38 OF 104
	<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)  
**LAND O'LAKES, INC., PAC**

A. Mailing Address **P.O. BOX 64101**

Date of Receipt  
MM / DD / YYYY  
**03 / 16 / 2015**

City State Zip Code  
**ST. PAUL MN 55164-0101**

Transaction ID : **SA11.40153**

FEC ID number of contributing federal political committee. **C C00009423**

Amount of Each Receipt this Period  
**1000.00**

Name of Employer Occupation

CONTRIBUTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)  
**LENDINGTREE LLC POLITICAL ACTION COMMITTEE**

Mailing Address **11115 RUSHMORE DRIVE**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2015**

City State Zip Code  
**CHARLOTTE NC 28277-3442**

Transaction ID : **SA11.40109**

FEC ID number of contributing federal political committee. **C C00467381**

Amount of Each Receipt this Period  
**1000.00**

Name of Employer Occupation

CONTRIBUTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)  
**LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE**

Mailing Address **714 GREEN VALLEY ROAD**

Date of Receipt  
MM / DD / YYYY  
**01 / 21 / 2015**

City State Zip Code  
**GREENSBORO NC 27408-7018**

Transaction ID : **SA11.40021**

FEC ID number of contributing federal political committee. **C C00112888**

Amount of Each Receipt this Period  
**5000.00**

Name of Employer Occupation

CONTRIBUTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

DEBT RETIREMENT

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

**7000.00**

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

15020150851

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

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

FOR LINE NUMBER: PAGE 39 OF 104  
(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. MCGRAW HILL FINANCIAL INC. POLITICAL ACTION COMMITTEE; THE**

Mailing Address **1221 AVENUE OF THE AMERICAS**

City State Zip Code  
**NEW YORK NY 10020-1001**

FEC ID number of contributing federal political committee. **C C00494682**

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  
**01 / 16 / 2015**  
**Transaction ID : SA11.40016**

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

Full Name (Last, First, Middle Initial)  
**B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address **430 NORTH MICHIGAN AVENUE**

City State Zip Code  
**CHICAGO IL 60611-4011**

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2015**  
**Transaction ID : SA11.40081**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION  
 DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**C. NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Mailing Address **1212 NEW YORK AVE NW  
SUITE 1100**

City State Zip Code  
**WASHINGTON DC 20005-3987**

FEC ID number of contributing federal political committee. **C C00283135**

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  
**02 / 18 / 2015**  
**Transaction ID : SA11.40104**

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).....

**7000.00**

15020150852

**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 40 OF 104
	<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)  
**NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMI**

A. Mailing Address **9110 EAST NICHOLS AVENUE**

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2015  
Transaction ID : SA11.39991

City State Zip Code  
CENTENNIAL CO 80112-3450

FEC ID number of contributing federal political committee. **C C00028787**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
2000.00

B. Full Name (Last, First, Middle Initial)  
**NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL**

Mailing Address **25 MASSACHUSETTS AVENUE, NW #100**

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2015  
Transaction ID : SA11.40096

City State Zip Code  
WASHINGTON DC 20001-1434

FEC ID number of contributing federal political committee. **C C00010082**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

Name of Employer Occupation

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

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCE**

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

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015  
Transaction ID : SA11.40126

City State Zip Code  
CORDOVA TN 38088-2995

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

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

Name of Employer Occupation

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

DEBT RETIREMENT

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

9000.00

15020150853

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

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

FOR LINE NUMBER: PAGE 41 OF 104  
(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	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial)  
**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTI**

**A.** Mailing Address **469 HOSPITAL DR  
SUITE C**

City **GASTONIA** State **NC** Zip Code **28054-4779**

FEC ID number of contributing federal political committee. **C C00405555**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**03 / 30 / 2015**

Transaction ID : **SA11.40176**

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

Full Name (Last, First, Middle Initial)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

**B.** Mailing Address **P.O. BOX 10383**

City **DES MOINES** State **IA** Zip Code **50306-0383**

FEC ID number of contributing federal political committee. **C C00201871**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
**02 / 03 / 2015**

Transaction ID : **SA11.40078**

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

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

**C.** Mailing Address **P.O. BOX 10383**

City **DES MOINES** State **IA** Zip Code **50306-0383**

FEC ID number of contributing federal political committee. **C C00201871**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
**02 / 03 / 2015**

Transaction ID : **SA11.40079**

Amount of Each Receipt this Period  
**1500.00**  
CONTRIBUTION

DEBT RETIREMENT

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

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

**5000.00**

15020150854

**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 104

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial)

**NEXT CENTURY FUND**

**A.**

Mailing Address 116 S ROYAL STREET

City State Zip Code  
ALEXANDRIA VA 22314-3328

FEC ID number of contributing federal political committee. **C** C00343947

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : SA11.40026

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODU**

**B.**

Mailing Address 2300 REXWOODS DRIVE SUITE 340

City State Zip Code  
RALEIGH NC 27607-3361

FEC ID number of contributing federal political committee. **C** C00235184

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
01 / 21 / 2015

Transaction ID : SA11.40019

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**NORTH CAROLINA COTTON PRODUCERS ASSOCIATION COMMITTEE (NCCPA**

**C.**

Mailing Address POST OFFICE BOX 656

City State Zip Code  
NASHVILLE NC 27856-0656

FEC ID number of contributing federal political committee. **C** C00416297

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SA11.40191

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

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

9000.00

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

15020150855

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

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

FOR LINE NUMBER: PAGE 43 OF 104

(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	<input type="checkbox"/> 15

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

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

**A.** Mailing Address 1915 REXFORD ROAD

City State Zip Code  
CHARLOTTE NC 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  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SA11.40107

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**OUTDOOR ADVERTISING ASSOCIATION OF AMERICA POLITICAL ACTION**

Mailing Address 1850 M STREET, N.W.  
SUITE 1040

City State Zip Code  
WASHINGTON DC 20036-5821

FEC ID number of contributing federal political committee. **C** C00045781

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : SA11.40161

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**QUALCOMM INCORPORATED POLITICAL ACTION COMMITTEE (QPAC)**

Mailing Address 1730 PENNSYLVANIA AVE. NW

City State Zip Code  
WASHINGTON DC 20006-4706

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : SA11.40103

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).....

4500.00

15020150856

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

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

FOR LINE NUMBER: PAGE 44 OF 104  
(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)  
**REED ELSEVIER INC. POLITICAL ACTION COMMITTEE**

**A.** Mailing Address 1150 18TH ST., NW, #600

City State Zip Code  
WASHINGTON DC 20036-3843

FEC ID number of contributing federal political committee. **C** C00345793

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  
 03 / 11 / 2015

Transaction ID : SA11.40135

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**REGIONS FINANCIAL CORPORATION COMMITTEE ON GOVERNMENT AFFAIR**

Mailing Address P.O. BOX 11007

City State Zip Code  
BIRMINGHAM AL 35388-

FEC ID number of contributing federal political committee. **C** C00179473

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M  M  M /  D  D  D /  Y  Y  Y  Y  Y  Y  
 01 / 21 / 2015

Transaction ID : SA11.40020

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

DEBT RETIREMENT

**C.** Full Name (Last, First, Middle Initial)  
**RIGHT TO RISE PAC, INC.**

Mailing Address P.O. BOX 14349

City State Zip Code  
TALLAHASSEE FL 32317-4349

FEC ID number of contributing federal political committee. **C** C00571380

Name of Employer Occupation

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  
 03 / 25 / 2015

Transaction ID : SA11.40173

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

DEBT RETIREMENT

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

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

8600.00

15020150857

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

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

FOR LINE NUMBER: PAGE 45 OF 104  
(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)  
**SAFEWAY INC. POLITICAL ACTION COMMITTEE (SAFEWAY PAC)**

A. Mailing Address **5918 STONERIDGE MALL ROAD**

City State Zip Code  
**PLEASANTON CA 94588-3229**

FEC ID number of contributing federal political committee. **C C00194084**

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  
**02 / 18 / 2015**  
**Transaction ID : SA11.40102**

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

DEBT RETIREMENT

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

Mailing Address **55 CORPORATE DRIVE**

City State Zip Code  
**BRIDGEWATER NJ 08807-1265**

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

Name of Employer Occupation

Receipt For: 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  
**01 / 28 / 2015**  
**Transaction ID : SA11.40074**

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

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)  
**SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION POLITI**

Mailing Address **1101 NEW YORK AVENUE, NW  
8TH FLOOR**

City State Zip Code  
**WASHINGTON DC 20005-4279**

FEC ID number of contributing federal political committee. **C C00431312**

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  
**01 / 26 / 2015**  
**Transaction ID : SA11.40071**

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

DEBT RETIREMENT

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

**6000.00**

15020150858

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

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

FOR LINE NUMBER: PAGE 46 OF 104  
(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)  
**SIEMENS CORPORATION PAC**

**A.** Mailing Address **300 NEW JERSEY AVENUE, NW  
SUITE 1000**  
 City **WASHINGTON** State **DC** Zip Code **20001-2268**  
 FEC ID number of contributing federal political committee. **C C00353797**  
 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  
**02 / 06 / 2015**  
**Transaction ID : SA11.40106**  
 Amount of Each Receipt this Period  
**2500.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL ACTION COM**

**B.** Mailing Address **200 GREENCASTLE ROAD**  
 City **TYRONE** State **GA** Zip Code **30290-2943**  
 FEC ID number of contributing federal political committee. **C C00128678**  
 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  
**03 / 06 / 2015**  
**Transaction ID : SA11.40123**  
 Amount of Each Receipt this Period  
**1000.00**  
**CONTRIBUTION**  
**DEBT RETIREMENT**

Full Name (Last, First, Middle Initial)  
**SPIRIT AEROSYSTEMS, INC. PAC**

**C.** Mailing Address **PO BOX 780008  
MC K06-37**  
 City **WICHITA** State **KS** Zip Code **67278-0008**  
 FEC ID number of contributing federal political committee. **C C00428110**  
 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  
**03 / 11 / 2015**  
**Transaction ID : SA11.40138**  
 Amount of Each Receipt this Period  
**1000.00**  
**CONTRIBUTION**

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

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

**4500.00**

15020150859

**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 104  
(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)  
**SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)**

**A.** Mailing Address **PO BOX 666**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
03		23		2015

**Transaction ID : SA11.40158**

City	State	Zip Code
BELLE GLADE	FL	33430-0666

FEC ID number of contributing federal political committee. **C** **C00254656**

Name of Employer	Occupation

Amount of Each Receipt this Period  

2000.00
---------

**CONTRIBUTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  

2000.00
---------

**DEBT RETIREMENT**

Full Name (Last, First, Middle Initial)  
**SUNTRUST BANK GOOD GOVERNMENT GROUP - MID-ATLANTIC**

**B.** Mailing Address **919 EAST MAIN STREET**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
01		05		2015

**Transaction ID : SA11.39978**

City	State	Zip Code
RICHMOND	VA	23219-4625

FEC ID number of contributing federal political committee. **C** **C00214965**

Name of Employer	Occupation

Amount of Each Receipt this Period  

5000.00
---------

**CONTRIBUTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  

5000.00
---------

**DEBT RETIREMENT**

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

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

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
03		31		2015

**Transaction ID : SA11.40198**

City	State	Zip Code
WASHINGTON	DC	20006-4602

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

Name of Employer	Occupation

Amount of Each Receipt this Period  

2000.00
---------

**CONTRIBUTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  

2000.00
---------

**DEBT RETIREMENT**

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

9000.00
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**TOTAL** This Period (last page this line number only).....  

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15020150860

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

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

FOR LINE NUMBER: PAGE 48 OF 104  
(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)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1445 ROSS AVENUE  
SUITE 1400**

City **DALLAS** State **TX** Zip Code **75202-2703**

FEC ID number of contributing federal political committee. **C C00119354**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 02 / 2015**  
Transaction ID : **SA11.40108**

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

DEBT RETIREMENT

**B.** Full Name (Last, First, Middle Initial)  
**THE BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W)**

Mailing Address **2016 MT. ATHOS ROAD**

City **LYNCHBURG** State **VA** Zip Code **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 **03 / 31 / 2015**  
Transaction ID : **SA11.40201**

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

**C.** Full Name (Last, First, Middle Initial)  
**THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT**

Mailing Address **1 COCA-COLA PLAZA NW**

City **ATLANTA** State **GA** Zip Code **30313-2420**

FEC ID number of contributing federal political committee. **C C00012468**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **01 / 22 / 2015**  
Transaction ID : **SA11.40024**

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

DEBT RETIREMENT

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

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

15020150861

**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 104  
(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)  
**TRULIANT FCU PAC**

Mailing Address **3200 TRULIANT WAY**

City **WINSTON SALEM** State **NC** Zip Code **27103-5778**

FEC ID number of contributing federal political committee. **C C00326132**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **MM / DD / YYYY**  
**02 / 25 / 2015**

**Transaction ID : SA11.40105**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

**DEBT RETIREMENT**

**B.** Full Name (Last, First, Middle Initial)  
**TYCO INTERNATIONAL MANAGEMENT COMPANY EMPLOYEES POLITICAL AC**

Mailing Address **9 ROSZEL ROAD**

City **PRINCETON** State **NJ** Zip Code **08540-6205**

FEC ID number of contributing federal political committee. **C C00113753**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **MM / DD / YYYY**  
**01 / 23 / 2015**

**Transaction ID : SA11.40027**

Amount of Each Receipt this Period  
**2500.00**

**CONTRIBUTION**

**DEBT RETIREMENT**

**C.** Full Name (Last, First, Middle Initial)  
**U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. BOX 22945**

City **HIALEAH** State **FL** Zip Code **33002-2945**

FEC ID number of contributing federal political committee. **C C00387720**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **MM / DD / YYYY**  
**03 / 24 / 2015**

**Transaction ID : SA11.40162**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

**DEBT RETIREMENT**

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

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

15020150862

**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 104  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial)  
**UNITED STATES PEANUT POLITICAL ACTION COMMITTEE (US PEANUT P**

**A.** Mailing Address **313 MASSACHUSETTS AVENUE NE**

City State Zip Code  
**WASHINGTON DC 20002-5701**

FEC ID number of contributing federal political committee. **C C00502807**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**03 / 31 / 2015**

Transaction ID : **SA11.40193**

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

Full Name (Last, First, Middle Initial)  
**B. USA RICE FEDERATION PAC**

Mailing Address **2101 WILSON BLVD, STE 610**

City State Zip Code  
**ARLINGTON VA 22201-3040**

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**03 / 10 / 2015**

Transaction ID : **SA11.40129**

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

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**C. WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOY**

Mailing Address **SIXTH AND MARQUETTE  
MAC N9305-084**

City State Zip Code  
**MINNEAPOLIS MN 55479-0001**

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
**01 / 14 / 2015**

Transaction ID : **SA11.40014**

Amount of Each Receipt this Period  
**5000.00**  
CONTRIBUTION

DEBT RETIREMENT

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

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

**7000.00**

**157808.20**

1502015003

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

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

FOR LINE NUMBER: PAGE 51 OF 104  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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

Full Name (Last, First, Middle Initial)

**A. THE FOUNDERS SENATE CANDIDATE COMMITTEE**

Mailing Address PO BOX 2169

City State Zip Code  
NEW YORK NY 10020-

FEC ID number of contributing federal political committee. **C** C00563858

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
98565.25

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SA12.40202

Amount of Each Receipt this Period

7949.21

CONTRIBUTION

2014 GENERAL DEBT RETIREMENT SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

**B. MITCHELL B. BAINWOL**

Mailing Address 8455 LEE ALAN DR

City State Zip Code  
FAIRFAX STATION VA 22039-2643

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

Name of Employer Occupation  
ALLIANCE OF AUTOMOBILE CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SA12.40203

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]  
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**C. MR. J. STEVEN HART**

Mailing Address 701 8TH ST. NW  
FLOOR 5

City State Zip Code  
WASHINGTON DC 20001-3958

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

Name of Employer Occupation  
WILLIAMS AND JENSEN, PLLC CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SA12.40210

Amount of Each Receipt this Period

600.00

CONTRIBUTION

[MEMO ITEM]  
DEBT RETIREMENT

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

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

7949.21

15020150864

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

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

FOR LINE NUMBER: PAGE 52 OF 104  
(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)  
**EDWARD KUTLER**

**A.** Mailing Address **6405 TREE TOP CIR**

City State Zip Code  
**COLUMBIA MD 21045-2895**

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

Name of Employer Occupation  
**MANAGING DIRECTOR MERCURY LLC**

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  
**03 / 31 / 2015**

Transaction ID : **SA12.40207**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]  
DEBT RETIREMENT**

Full Name (Last, First, Middle Initial)  
**JUSTIN W. LILLEY**

**B.** Mailing Address **5729 POTOMAC AVE NW**

City State Zip Code  
**WASHINGTON DC 20016-2559**

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

Name of Employer Occupation  
**TELEMEDIA POLICY PRESIDENT**

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  
**03 / 31 / 2015**

Transaction ID : **SA12.40206**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]  
DEBT RETIREMENT**

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

**C.** Mailing Address **11921 FREEDOM DR  
STE 1100**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1666.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

Transaction ID : **SA12.40208**

Amount of Each Receipt this Period  
**1666.67**

CONTRIBUTION

**[MEMO ITEM]  
DEBT RETIREMENT**

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

**0.00**

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

15020150865

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

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

FOR LINE NUMBER: PAGE 53 OF 104  
(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)  
**CVS HEALTH PAC**

**A.** Mailing Address 1275 PENNSYLVANIA AVENUE, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004-2448

FEC ID number of contributing federal political committee. **C** C00327916

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 03 / 31 / 2015  
Transaction ID : SA12.40209

Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**[MEMO ITEM]**  
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE**

**B.** Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 833.33

Date of Receipt 03 / 31 / 2015  
Transaction ID : SA12.40204

Amount of Each Receipt this Period 833.33  
CONTRIBUTION

**[MEMO ITEM]**  
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNMENT PAC**

**C.** Mailing Address 1600 W MERIT PARKWAY

City SOUTH JORDAN State UT Zip Code 84095-2416

FEC ID number of contributing federal political committee. **C** C00475343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1666.67

Date of Receipt 03 / 31 / 2015  
Transaction ID : SA12.40205

Amount of Each Receipt this Period 1666.67  
CONTRIBUTION

**[MEMO ITEM]**  
DEBT RETIREMENT

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

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

15020150866

**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 54 OF 104	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input checked="" 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. THE WALT DISNEY PRODUCTIONS EMPLOYEES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address **425 3RD STREET SW SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20024-3227**

Date of Receipt: **03 / 31 / 2015**  
Transaction ID: **SA12.40211**

FEC ID number of contributing federal political committee: **C C00197749**

Amount of Each Receipt this Period: **1666.67**  
CONTRIBUTION

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: **1666.67**

[MEMO ITEM]  
DEBT RETIREMENT

**B. TILLIS MAJORITY COMMITTEE**

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

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

Date of Receipt: **03 / 31 / 2015**  
Transaction ID: **SA12.40213**

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

Amount of Each Receipt this Period: **3876.02**  
CONTRIBUTION

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: **3876.02**

SEE ATTRIBUTION BELOW

**C. VINCENT A. MUZZI**

Full Name (Last, First, Middle Initial)  
Mailing Address **360 ELDER AVE**

City **MILLBRAE** State **CA** Zip Code **94030-2431**

Date of Receipt: **03 / 31 / 2015**  
Transaction ID: **SA12.40216**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: **2600.00**

[MEMO ITEM]  
DEBT RETIREMENT

**SUBTOTAL** of Receipts This Page (optional)..... **3876.02**

**TOTAL** This Period (last page this line number only)..... **3876.02**

15020150867

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

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

FOR LINE NUMBER: PAGE 55 OF 104  
(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)  
**CHARLES R. SCHWAB**

**A.** Mailing Address PO BOX 192861

City State Zip Code  
SAN FRANCISCO CA 94119-2861

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

Name of Employer Occupation  
CHARLES SCHWAB CORP CHAIRMAN/CEO

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  
 03 / 31 / 2015

Transaction ID : SA12.40214

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

[MEMO ITEM]  
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**THOMAS F. STEPHENSON**

**B.** Mailing Address 198 FAIR OAKS LN

City State Zip Code  
ATHERTON CA 94027-3032

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

Name of Employer Occupation  
SEQUOIA VENTURE CAPITALIST

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  
 03 / 31 / 2015

Transaction ID : SA12.40215

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

[MEMO ITEM]  
DEBT RETIREMENT

Full Name (Last, First, Middle Initial)  
**TILLIS MAJORITY COMMITTEE**

**C.** Mailing Address PO BOX 97275

City State Zip Code  
RALEIGH NC 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  
4174.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y  
 03 / 31 / 2015

Transaction ID : SA12.40217

Amount of Each Receipt this Period  
2832.48

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

2832.48

15020150868

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

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

FOR LINE NUMBER: PAGE 56 OF 104  
(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)  
**CHARLES R. SCHWAB**

A. Mailing Address **PO BOX 192861**

City **SAN FRANCISCO** State **CA** Zip Code **94119-2861**

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

Name of Employer **CHARLES SCHWAB CORP** Occupation **CHAIRMAN/CEO**

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

Transaction ID : **SA12.40219**

Amount of Each Receipt this Period  
**2700.00**

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**HOSPIRA INC PAC LLC**

B. Mailing Address **275 NORTH FIELD DRIVE  
H1-4S DEPT GVAF**

City **LAKE FOREST** State **IL** Zip Code **60045-2579**

FEC ID number of contributing federal political committee. **C C00433284**

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  
**03 / 26 / 2015**

Transaction ID : **SA12.40218**

Amount of Each Receipt this Period  
**3000.00**

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**TILLIS MAJORITY COMMITTEE**

C. 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 **4174.18**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

Transaction ID : **SA12.40220**

Amount of Each Receipt this Period  
**1341.70**

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

**1341.70**

15020150869

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

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

FOR LINE NUMBER: PAGE 57 OF 104  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" 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)  
**CHARLES R. SCHWAB**

**A.** Mailing Address PO BOX 192861

City State Zip Code  
**SAN FRANCISCO CA 94119-2861**

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

Name of Employer Occupation  
**CHARLES SCHWAB CORP CHAIRMAN/CEO**

Receipt For: 2020  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**5400.00**

Date of Receipt  
**03 / 31 / 2015**

Transaction ID : SA12.40221

Amount of Each Receipt this Period  
**2700.00**

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt  
/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt  
/ /

Amount of Each Receipt this Period

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

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

**0.00**

**15999.41**

15020150870

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

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

FOR LINE NUMBER: PAGE 58 OF 104

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)

**HOTELS.COM**

**A.** Mailing Address **10440 NORTH CENTRAL EXPRESSWAY  
SUITE 400**

City **DALLAS** State **TX** Zip Code **75231**

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

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

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

Election Cycle-to-Date **1853.00**

Date of Receipt

**01 / 08 / 2015**

Transaction ID : **SA14.2350**

Amount of Each Receipt this Period

**449.30**

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**HOTELS.COM**

**B.** Mailing Address **10440 NORTH CENTRAL EXPRESSWAY  
SUITE 400**

City **DALLAS** State **TX** Zip Code **75231**

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

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

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

Election Cycle-to-Date **1853.00**

Date of Receipt

**01 / 09 / 2015**

Transaction ID : **SA14.2351**

Amount of Each Receipt this Period

**477.20**

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**HOTELS.COM**

**C.** Mailing Address **10440 NORTH CENTRAL EXPRESSWAY  
SUITE 400**

City **DALLAS** State **TX** Zip Code **75231**

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

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

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

Election Cycle-to-Date **1853.00**

Date of Receipt

**01 / 09 / 2015**

Transaction ID : **SA14.2352**

Amount of Each Receipt this Period

**477.20**

VENDOR REFUND

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

**1403.70**

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

**1403.70**

15020150871

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

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

FOR LINE NUMBER:		PAGE 59 OF 104	
(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)

**HOTELS.COM**

**A.**

Mailing Address **10440 NORTH CENTRAL EXPRESSWAY  
SUITE 400**

City **DALLAS** State **TX** Zip Code **75231**

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

1853.00

Date of Receipt

01 /  08 /  2015

Transaction ID : SA14.2355

Amount of Each Receipt this Period

449.30

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**JERRY W. GRACE**

**B.**

Mailing Address **7302 MUSSELBURG CT**

City **CHARLOTTE** State **NC** Zip Code **28277-4514**

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

1699.69

Date of Receipt

01 /  23 /  2015

Transaction ID : SA14.2357

Amount of Each Receipt this Period

1699.69

VENDOR REFUND

Full Name (Last, First, Middle Initial)

**JJ WADE & ASSOCIATES**

**C.**

Mailing Address **PO BOX 1209**

City **DAVIDSON** State **NC** Zip Code **28036**

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

417.50

Date of Receipt

01 /  12 /  2015

Transaction ID : SA14.2009

Amount of Each Receipt this Period

417.50

VENDOR REFUND

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

2566.49

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

3970.19

15020150872

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

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

Full Name (Last, First, Middle Initial)

**A. THOM TILLIS**

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624-7396

Purpose of Disbursement  
LODGING, FOOD / BEVERAGE, TRANSPORTATION

Candidate Name  
**THOM TILLIS**

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

State: NC District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2015

Amount of Each Disbursement this Period

276.91

Transaction ID : SB17.I2322

Full Name (Last, First, Middle Initial)

**B. DOUBLE TREE**

Mailing Address 115 HENDERSONVILLE RD

City ASHEVILLE State NC Zip Code 28803

Purpose of Disbursement  
LODGING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2015

Amount of Each Disbursement this Period

218.16

Transaction ID : SB17.I2359

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MARY S BELL**

Mailing Address 1710 WINTERLOCHEN RD

City FAYETTEVILLE State NC Zip Code 28305

Purpose of Disbursement  
MILEAGE, OFFICE SUPPLIES, POSTAGE

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

2048.59

Transaction ID : SB17.I2308

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

2325.50

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

15020150873

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

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

Full Name (Last, First, Middle Initial)

**A. HARRIS TEETER**

Mailing Address 19815 N COVE RD

City CORNELIUS State NC Zip Code 28031-6445

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	12	2015

Amount of Each Disbursement this Period

24.77
-------

Transaction ID : SB17.I2363

[MEMO ITEM]

**B. OFFICE DEPOT**

Mailing Address 9530 BIRKDALE CROSSING DR

City HUNTERSVILLE State NC Zip Code 28078

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	12	2015

Amount of Each Disbursement this Period

138.65
--------

Transaction ID : SB17.I2361

[MEMO ITEM]

**C. STAPLES**

Mailing Address 7014 SMITH CORNERS BLVD

City CHARLOTTE State NC Zip Code 28269-3793

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	12	2015

Amount of Each Disbursement this Period

299.53
--------

Transaction ID : SB17.I2362

[MEMO ITEM]

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

0.00
------

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

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15020150874

**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. US POSTAL SERVICE**

Mailing Address 20311 CHARTWELL CENTER DR

City CORNELIUS                      State NC                      Zip Code 28031-5386

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State:                      District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

492.19

Transaction ID : SB17.I2360

[MEMO ITEM]

**B. LUKE BLANCHAT**

Mailing Address 1933 LELA AVE

City CHARLOTTE                      State NC                      Zip Code 28208

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State:                      District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I2307

**C. DANIEL A KEYLIN**

Mailing Address 1009 WADE AVE, APT 004

City RALEIGH                      State NC                      Zip Code 27605

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State:                      District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.I2304

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

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

17500.00

15020150873

**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 104			
	<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 01 / 12 / 2015
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 964.04 Transaction ID : SB17.I2306
City RALEIGH	State NC	
Zip Code 27605-3105	Purpose of Disbursement INSURANCE, TRANSPORTATION, PARKING, MILEAGE	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. CERIDIAN HCM, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 3311 E OLD SHAKOPEE RD		Amount of Each Disbursement this Period 491.62 Transaction ID : SB17.I2366 [MEMO ITEM]
City MINNEAPOLIS	State MN	
Zip Code 55425-1361	Purpose of Disbursement INSURANCE	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. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 85.24 Transaction ID : SB17.I2365 [MEMO ITEM]
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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).....	964.04
<b>TOTAL</b> This Period (last page this line number only).....	

15020150876

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 104
	<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 01 / 26 / 2015
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I2329
City RALEIGH	State NC	
Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	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. JORDAN P SHAW</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 827 DANIELS ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I2344
City RALEIGH	State NC	
Zip Code 27605-3105	Purpose of Disbursement MANAGEMENT CONSULTING	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. AT&amp;T U-VERSE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address PO BOX 5014		Amount of Each Disbursement this Period 102.00 Transaction ID : SB17.I2298
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Disbursement PHONE/INTERNET 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).....	2102.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020150877

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

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

Full Name (Last, First, Middle Initial)

**A. AT&T U-VERSE**

Mailing Address PO BOX 5014

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
PHONE/INTERNET SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
02 / 02 / 2015

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.I2333

**B. AT&T U-VERSE**

Mailing Address PO BOX 5014

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
PHONE/INTERNET SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
03 / 18 / 2015

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.I2347

**C. BELLWETHER CONSULTING GROUP**

Mailing Address 1737 H ST, NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

24084.37

Transaction ID : SB17.I2299

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

24244.37

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

15020150878

**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. BERKLEY ASSIGNED RISK SERVICES**

Mailing Address PO BOX 1450

City MINNEAPOLIS    State MN    Zip Code 55485

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify)

State:    District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

936.00

Transaction ID : SB17.I2300

Category/  
Type

**B. BISTRO BIS**

Mailing Address 15 E ST NW

City WASHINGTON    State DC    Zip Code 20001

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify)

State:    District:

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Amount of Each Disbursement this Period

214.03

Transaction ID : SB17.I2269

Category/  
Type

**C. BUSINESS ROUNDTABLE CONFERENCE CENTER**

Mailing Address 300 NEW JERSEY AVE, NW  
STE 800

City WASHINGTON    State DC    Zip Code 20001

Purpose of Disbursement  
SITE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify)

State:    District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

1509.47

Transaction ID : SB17.I2301

Category/  
Type

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

2659.50

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

15020150879

**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 104	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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

Full Name (Last, First, Middle Initial)  
**A. BUSINESS ROUNDTABLE CONFERENCE CENTER**

Mailing Address **300 NEW JERSEY AVE, NW  
STE 800**

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

Purpose of Disbursement **SITE FEE, EVENT FOOD / BEVERAGE**

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

Office Sought:  House  Senate  President

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

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

Date of Disbursement: **01 / 26 / 2015**

Amount of Each Disbursement this Period: **8663.65**

Transaction ID : **SB17.I2327**

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, TRAVEL**

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

Office Sought:  House  Senate  President

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

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

Date of Disbursement: **01 / 12 / 2015**

Amount of Each Disbursement this Period: **25669.95**

Transaction ID : **SB17.I2302**

Full Name (Last, First, Middle Initial)  
**C. CM&CO, LLC**

Mailing Address **PO BOX 97275**

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

Purpose of Disbursement **ACCOUNTING SERVICES**

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

Office Sought:  House  Senate  President

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

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

Date of Disbursement: **01 / 12 / 2015**

Amount of Each Disbursement this Period: **20616.64**

Transaction ID : **SB17.I2303**

**SUBTOTAL** of Disbursements This Page (optional)..... **54950.24**

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

15020150880

**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 104			
	<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 MM / DD / YYYY 02 / 09 / 2015
Mailing Address PO BOX 97275		Amount of Each Disbursement this Period 7121.16 Transaction ID : SB17.I2335
City RALEIGH	State NC	
Zip Code 27624-7275	Purpose of Disbursement ACCOUNTING 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>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 364.80 Transaction ID : SB17.I2206
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement MERCHANT FEES	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. CMDI</b>		Date of Disbursement MM / DD / YYYY Q1 / 06 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.I2218
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement SOFTWARE	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).....	8735.96
<b>TOTAL</b> This Period (last page this line number only).....	

15020150881

**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  
02 / 03 / 2015

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.I2253

Category/  
Type

**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  
03 / 03 / 2015

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.I2254

Category/  
Type

**C. CONGRESSIONAL INSTITUTE**

Mailing Address 1700 DIAGONAL RD  
STE 730

City ARLINGTON    State VA    Zip Code 22314

Purpose of Disbursement  
EDUCATIONAL CONGRESSIONAL INFORMATION

Candidate Name

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

State:    District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

416.00

Transaction ID : SB17.I2279

Category/  
Type

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

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

2916.00

15020150882

**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 104			
	<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. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2015
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 59.00 Transaction ID : SB17.I2229
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE FEE	
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. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2015
Mailing Address PO BOX 20706		Amount of Each Disbursement this Period 1081.60 Transaction ID : SB17.I2230
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
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. DIVISION OF EMPLOYMENT SECURITY</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2015
Mailing Address P.O. BOX 25903		Amount of Each Disbursement this Period 370.80 Transaction ID : SB17.I2223
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement PAYROLL LIABILITIES	
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).....	1511.40
<b>TOTAL</b> This Period (last page this line number only).....	

15020150883

**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. DLA PIPER CATERING**

Mailing Address PO BOX 417632

City BOSTON State MA Zip Code 02241

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Amount of Each Disbursement this Period

649.00

Transaction ID : SB17.I2336

Category/  
Type

**B. DOUBLE TREE**

Mailing Address 115 HENDERSONVILLE RD

City ASHEVILLE State NC Zip Code 28803

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

Amount of Each Disbursement this Period

240.57

Transaction ID : SB17.I2262

Category/  
Type

**C. ENERGY UNITED**

Mailing Address P.O. BOX 1831

City STATESVILLE State NC Zip Code 28687

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

234.72

Transaction ID : SB17.I2305

Category/  
Type

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

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

1124.29

15020150884

**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 104	
	<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. H2 CAPITAL CONSULTING</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2015
Mailing Address 325 7TH ST, NW STE 400		Amount of Each Disbursement this Period 6139.16 Transaction ID : SB17.I2320
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement FUNDRAISING CONSULTING, TRANSPORTATION	
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. H2 CAPITAL CONSULTING</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 325 7TH ST, NW STE 400		Amount of Each Disbursement this Period 8000.00 Transaction ID : SB17.I2337
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement FUNDRAISING 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. H2 CAPITAL CONSULTING</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 325 7TH ST, NW STE 400		Amount of Each Disbursement this Period 2170.28 Transaction ID : SB17.I2343
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT FOOD / BEVERAGE, TRANSPORTATION, PRINTING	
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).....	16309.44
<b>TOTAL</b> This Period (last page this line number only).....	

15020150885

**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 104	
	<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. HAMPTON INN</b>		Date of Disbursement
Mailing Address <b>4035 ARENDELL ST</b>		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City <b>MOREHEAD CITY</b>	State <b>NC</b>	Zip Code <b>28557</b>
Purpose of Disbursement <b>LODGING</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="264.20"/>
Candidate Name	Category/Type	Transaction ID : <b>SB17.I2273</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. HIGHWOOD CAPITAL, LLC</b>		Date of Disbursement
Mailing Address <b>915 E ST NW</b>		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20004-2016</b>
Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name	Category/Type	Transaction ID : <b>SB17.I2317</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. HIGHWOOD CAPITAL, LLC</b>		Date of Disbursement
Mailing Address <b>915 E ST NW</b>		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20004-2016</b>
Purpose of Disbursement <b>FUNDRAISING CONSULTING, TRANSPORTATION</b>	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="11155.46"/>
Candidate Name	Category/Type	Transaction ID : <b>SB17.I2328</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="21419.66"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

15020150886

**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 104			
	<input checked="" type="checkbox"/> 17 <input 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)  
**Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
**A. HOTEL GEORGE**

Mailing Address **15 E STREET NORTHWEST**

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

Purpose of Disbursement **LODGING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **01 / 12 / 2015**

Amount of Each Disbursement this Period: **1876.71**

Transaction ID : **SB17.I2222**

Full Name (Last, First, Middle Initial)  
**B. HOTELS.COM**

Mailing Address **10440 NORTH CENTRAL EXPRESSWAY SUITE 400**

City **DALLAS** State **TX** Zip Code **75231**

Purpose of Disbursement **LODGING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **01 / 08 / 2015**

Amount of Each Disbursement this Period: **898.60**

Transaction ID : **SB17.I2220**

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

Mailing Address **10440 NORTH CENTRAL EXPRESSWAY SUITE 400**

City **DALLAS** State **TX** Zip Code **75231**

Purpose of Disbursement **LODGING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **01 / 09 / 2015**

Amount of Each Disbursement this Period: **954.40**

Transaction ID : **SB17.I2221**

**SUBTOTAL** of Disbursements This Page (optional)..... **3729.71**

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

15020150887

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

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

Full Name (Last, First, Middle Initial)

**A. HOTELS.COM**

Mailing Address 10440 NORTH CENTRAL EXPRESSWAY  
SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	17	2015

Amount of Each Disbursement this Period

917.04
--------

Transaction ID : SB17.I2260

**B. JPMORGAN CHASE BANK NA**

Mailing Address PO BOX 15918  
MAIL STE DE1-1404

City WILMINGTON State DE Zip Code 19850

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
02	03	2015

Amount of Each Disbursement this Period

229.60
--------

Transaction ID : SB17.I2334

**C. LAKE NORMAN STORAGE**

Mailing Address 18926 W CATAWBA AVE

City CORNELIUS State NC Zip Code 28031

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
01	07	2015

Amount of Each Disbursement this Period

75.00
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Transaction ID : SB17.I2219

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

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

1221.64
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15020150888

**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. LAKE NORMAN STORAGE**

Mailing Address 18926 W CATAWBA AVE

City State Zip Code  
CORNELIUS NC 28031

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2015

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.I2256

Full Name (Last, First, Middle Initial)

**B. LAKE NORMAN STORAGE**

Mailing Address 18926 W CATAWBA AVE

City State Zip Code  
CORNELIUS NC 28031

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.I2268

Full Name (Last, First, Middle Initial)

**C. LUCY CROXTON CONSULTING**

Mailing Address 1315 EAST BLVD, APT 311

City State Zip Code  
CHARLOTTE NC 28203

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2015

Amount of Each Disbursement this Period

17000.00

Transaction ID : SB17.I2332

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

17150.00

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

15020150009

**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 104			
	<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. MACON CONSULTING</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address P.O. BOX 3962		Amount of Each Disbursement this Period 1400.28 Transaction ID : SB17.I2330
City GREENVILLE	State NC	
Zip Code 27836	Purpose of Disbursement SITE FEE, EVENT FOOD / BEVERAGE	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. MACON CONSULTING</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address P.O. BOX 3962		Amount of Each Disbursement this Period 377.03 Transaction ID : SB17.I2338
City GREENVILLE	State NC	
Zip Code 27836	Purpose of Disbursement TRANSPORTATION	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. MC RAWLING CONSULTING</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 4717 REMBERT DR		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I2309
City RALEIGH	State NC	
Zip Code 27612	Purpose of Disbursement FUNDRAISING CONSULTING	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).....	5777.31
<b>TOTAL</b> This Period (last page this line number only).....	

15020150890

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

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

FOR LINE NUMBER: PAGE 78 OF 104  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. MERIDIAN AIR CHARTER**

Full Name (Last, First, Middle Initial)  
Mailing Address **485 INDUSTRIAL AVE**

City **TETEBORO** State **NJ** Zip Code **07608**

Purpose of Disbursement  
**TRANSPORTATION**

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 19 / 2015**

Amount of Each Disbursement this Period  
**16224.86**

Transaction ID : **SB17.I2318**

Category/Type

**B. MI-CONNECTION**

Full Name (Last, First, Middle Initial)  
Mailing Address **PO BOX 90**

City **MOORESVILLE** State **NC** Zip Code **28115**

Purpose of Disbursement  
**PHONE/INTERNET SERVICES**

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 12 / 2015**

Amount of Each Disbursement this Period  
**269.87**

Transaction ID : **SB17.I2310**

Category/Type

**C. MOORE & VAN ALLEN**

Full Name (Last, First, Middle Initial)  
Mailing Address **100 N TRYON ST  
STE 4700**

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

Purpose of Disbursement  
**CATERING**

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 19 / 2015**

Amount of Each Disbursement this Period  
**313.93**

Transaction ID : **SB17.I2319**

Category/Type

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

**16808.66**

15020150891

**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. OLD EBBITT GRILL**

Mailing Address 675 15TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

Amount of Each Disbursement this Period

364.47

Transaction ID : SB17.I2217

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. ONMESSAGE, INC.**

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Amount of Each Disbursement this Period

41666.76

Transaction ID : SB17.I2346

Category/  
Type

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  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

Amount of Each Disbursement this Period

432.45

Transaction ID : SB17.I2312

Category/  
Type

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

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

42463.68

15020150892

**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)

**A. RELYUS**

Mailing Address 3469 BLACK & DECKER RD

City HOPE MILLS State NC Zip Code 28348

Purpose of Disbursement  
PRINTING SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M 01	D D D 12	Y Y Y Y Y 2015
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Amount of Each Disbursement this Period

2452.87
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Transaction ID : SB17.I2313

Category/ Type
-------------------

**B. TARGETED VICTORY, LLC**

Mailing Address 1033 N FAIRFAX ST  
SUITE 40

City ALEXANDRIA State VA Zip Code 22314-1547

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement

M M M 01	D D D 08	Y Y Y Y Y 2015
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Amount of Each Disbursement this Period

36.00
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Transaction ID : SB17.I2278

Category/ Type
-------------------

**C. TARGETED VICTORY, LLC**

Mailing Address 1033 N FAIRFAX ST  
SUITE 40

City ALEXANDRIA State VA Zip Code 22314-1547

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement

M M M 01	D D D 12	Y Y Y Y Y 2015
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Amount of Each Disbursement this Period

1735.00
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Transaction ID : SB17.I2314

Category/ Type
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**SUBTOTAL** of Disbursements This Page (optional).....

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

4223.87
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15020150893

**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)

**A. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City State Zip Code  
DRIPPING SPRINGS TX 78620

Purpose of Disbursement  
FUNDRAISING CONSULTING, SITE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.I2345

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 182 HOWARD ST

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.I2208

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 182 HOWARD ST

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.I2209

Category/  
Type

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

3520.00

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

15020150894

**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. UBER TECHNOLOGIES, INC.**

Mailing Address 182 HOWARD ST

City SAN FRANCISCO    State CA    Zip Code 94105-1611

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify)

State:    District:

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

Amount of Each Disbursement this Period

19.00

Transaction ID : SB17.I2210

Category/  
Type

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 182 HOWARD ST

City SAN FRANCISCO    State CA    Zip Code 94105-1611

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify)

State:    District:

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I2211

Category/  
Type

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 182 HOWARD ST

City SAN FRANCISCO    State CA    Zip Code 94105-1611

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify)

State:    District:

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2015

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.I2212

Category/  
Type

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

54.00

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

15020150895

**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 83 OF 104			
	<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 MM / DD / YYYY 01 / 07 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I2213
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I2214
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I2215
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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) .....	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	

15020150896

**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 84 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)  
**A. UBER TECHNOLOGIES, INC.**

Mailing Address **182 HOWARD ST**

City **SAN FRANCISCO** State **CA** Zip Code **94105-1611**

Purpose of Disbursement **TRANSPORTATION**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **01 / 26 / 2015**

Amount of Each Disbursement this Period: **38.00**

Transaction ID : **SB17.I2236**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. UBER TECHNOLOGIES, INC.**

Mailing Address **182 HOWARD ST**

City **SAN FRANCISCO** State **CA** Zip Code **94105-1611**

Purpose of Disbursement **TRANSPORTATION**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **02 / 02 / 2015**

Amount of Each Disbursement this Period: **10.74**

Transaction ID : **SB17.I2237**

Category/Type

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

Mailing Address **182 HOWARD ST**

City **SAN FRANCISCO** State **CA** Zip Code **94105-1611**

Purpose of Disbursement **TRANSPORTATION**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **02 / 02 / 2015**

Amount of Each Disbursement this Period: **22.72**

Transaction ID : **SB17.I2238**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **71.46**

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

15020150897

**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 85 OF 104			
	<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 MM / DD / YYYY 02 / 02 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 61.73 Transaction ID : SB17.I2239
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 14.95 Transaction ID : SB17.I2240
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address 182 HOWARD ST		Amount of Each Disbursement this Period 20.78 Transaction ID : SB17.I2270
City SAN FRANCISCO	State CA	
Zip Code 94105-1611	Purpose of Disbursement TRANSPORTATION	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).....	61.73
<b>TOTAL</b> This Period (last page this line number only).....	

15020150898

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

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

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 182 HOWARD ST

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Amount of Each Disbursement this Period

11.71
-------

Transaction ID : SB17.I2274

Category/ Type
-------------------

**B. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034-3802

Purpose of Disbursement  
AIRFARE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Amount of Each Disbursement this Period

29.00
-------

Transaction ID : SB17.I2225

Category/ Type
-------------------

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034-3802

Purpose of Disbursement  
AIRFARE

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
01 / 16 / 2015

Amount of Each Disbursement this Period

1436.70
---------

Transaction ID : SB17.I2226

Category/ Type
-------------------

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

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

1477.41
---------

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15020150899

**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 87 OF 104			
	<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 AIRWAYS**

Mailing Address **4000 E SKY HARBOR BLVD**

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

Purpose of Disbursement  
**AIRFARE FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 19 / 2015**

Amount of Each Disbursement this Period  
**89.00**

Transaction ID : **SB17.I2227**

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

Mailing Address **4000 E SKY HARBOR BLVD**

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

Purpose of Disbursement  
**AIRFARE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 20 / 2015**

Amount of Each Disbursement this Period  
**818.60**

Transaction ID : **SB17.I2228**

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

Mailing Address **4000 E SKY HARBOR BLVD**

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

Purpose of Disbursement  
**AIRFARE FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 27 / 2015**

Amount of Each Disbursement this Period  
**25.00**

Transaction ID : **SB17.I2242**

**SUBTOTAL** of Disbursements This Page (optional)..... **932.60**

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

15020150900

**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 88 OF 104			
	<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. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX	State AZ	
Zip Code 85034-3802	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2243
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. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 265.50
City PHOENIX	State AZ	
Zip Code 85034-3802	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2244
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. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 882.70
City PHOENIX	State AZ	
Zip Code 85034-3802	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I2245
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).....	1348.20
<b>TOTAL</b> This Period (last page this line number).....	

15020150901

**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 89 OF 104			
	<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. US DEPARTMENT OF THE TREASURY</b>			Date of Disbursement MM / DD / YYYY <b>01 / 15 / 2015</b>
Mailing Address <b>1500 PENNSYLVANIA AVE NW</b>			Amount of Each Disbursement this Period <b>922.14</b> Transaction ID : <b>SB17.I2224</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20220-0001</b>	
Purpose of Disbursement <b>PAYROLL LIABILITIES</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. US SENATE</b>			Date of Disbursement MM / DD / YYYY <b>02 / 04 / 2015</b>
Mailing Address <b>2 CONSTITUTION AVE NE</b>			Amount of Each Disbursement this Period <b>1500.00</b> Transaction ID : <b>SB17.I2288</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>	
Purpose of Disbursement <b>PAPER SUPPLIES</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. US SENATE</b>			Date of Disbursement MM / DD / YYYY <b>03 / 09 / 2015</b>
Mailing Address <b>2 CONSTITUTION AVE NE</b>			Amount of Each Disbursement this Period <b>4.25</b> Transaction ID : <b>SB17.I2291</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>	
Purpose of Disbursement <b>PAPER SUPPLIES</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).....	<b>2426.39</b>
<b>TOTAL</b> This Period (last page this line number only).....	

15020150902

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

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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  
**PAPER SUPPLIES**

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
03	17	2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : **SB17.I2293**

Category/ Type
-------------------

**B. VERIZON**

Mailing Address **140 WEST ST**

City **NEW YORK** State **NY** Zip Code **10007-2141**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	05	2015

Amount of Each Disbursement this Period

150.94
--------

Transaction ID : **SB17.I2216**

Category/ Type
-------------------

**C. VERIZON**

Mailing Address **140 WEST ST**

City **NEW YORK** State **NY** Zip Code **10007-2141**

Purpose of Disbursement  
**PHONE SERVICE**

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
02	05	2015

Amount of Each Disbursement this Period

130.35
--------

Transaction ID : **SB17.I2255**

Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional).....	381.29
<b>TOTAL</b> This Period (last page this line number only).....	

15020150903

**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. VERIZON</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 140 WEST ST		Amount of Each Disbursement this Period 130.35 Transaction ID : SB17.I2267
City NEW YORK	State NY	
Zip Code 10007-2141	Purpose of Disbursement PHONE 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>B. WALDORF-ASTORIA</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 501 E CAMINO RD		Amount of Each Disbursement this Period 490.48 Transaction ID : SB17.I2295
City BOCA RATON	State FL	
Zip Code 33432	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. WILLIAMS MULLEN, INC</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 301 FAYETTEVILLE ST STE 1700		Amount of Each Disbursement this Period 2170.18 Transaction ID : SB17.I2316
City RALEIGH	State NC	
Zip Code 27602	Purpose of Disbursement LEGAL 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).....	2791.01
<b>TOTAL</b> This Period (last page this line number only).....	

15020150904

**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 92 OF 104	
	<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. GREENBERG TRAURIG, P.A. PAC**

Date of Disbursement  
MM / DD / YYYY  
01 / 13 / 2015

Mailing Address 54 STATE STREET  
6TH FLOOR

City ALBANY State NY Zip Code 12207-2510

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
458.20

Transaction ID : SB17.40091

INKIND- FOOD/BEVERAGE

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

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

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

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... 458.20

**TOTAL** This Period (last page this line number only)..... 261704.56

15020150905

**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

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. THOM TILLIS**

Mailing Address PO BOX 97396

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 27 / 2015

City RALEIGH State NC Zip Code 27624-7396

Amount of Each Disbursement this Period

200000.00

Purpose of Disbursement  
PRINCIPAL LOAN PAYMENT

Transaction ID : SB19A.I2348

Candidate Name  
**THOM TILLIS**

Category/  
Type

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

State: NC District:

Full Name (Last, First, Middle Initial)

**B. THOM TILLIS**

Mailing Address PO BOX 97396

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 12 / 2015

City RALEIGH State NC Zip Code 27624-7396

Amount of Each Disbursement this Period

45000.00

Purpose of Disbursement  
PRINCIPAL LOAN PAYMENT

Transaction ID : SB19A.I2353

Candidate Name  
**THOM TILLIS**

Category/  
Type

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

State: NC District:

Full Name (Last, First, Middle Initial)

**C. THOM TILLIS**

Mailing Address PO BOX 97396

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 27 / 2015

City RALEIGH State NC Zip Code 27624-7396

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement  
PRINCIPAL LOAN PAYMENT

Transaction ID : SB19A.I2354

Candidate Name  
**THOM TILLIS**

Category/  
Type

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

State: NC District:

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

250000.00

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

250000.00

15020150906

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

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

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

Full Name (Last, First, Middle Initial)

**A. HUGH HINTON**

Mailing Address 891 NC 73 HWY

City WEST END State NC Zip Code 27376

Purpose of Disbursement  
VOID OF CONTRIBUTION REFUND ON 12/28/2014

Candidate Name

Category/  
Type

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
01		05		2015

Amount of Each Disbursement this Period

-1000.00
----------

Transaction ID : SB20A.I2358

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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

--

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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).....

-1000.00
----------

-1000.00
----------

15020150907

**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 95 OF 104
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" 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. JM FAMILY ENTERPRISES PAC**

Mailing Address **100 JIM MORAN BLVD**

City **DEERFIELD BEACH** State **FL** Zip Code **33442**

Purpose of Disbursement  
**REFUND OF CONTRIBUTION**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 04 / 2015**

Amount of Each Disbursement this Period  
**5000.00**

Transaction ID : **SB20C.I2277**

Category/Type

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

Mailing Address **5918 STONERIDGE MALL RD**

City **PLEASANTON** State **CA** Zip Code **94588**

Purpose of Disbursement  
**REFUND OF CONTRIBUTION**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 21 / 2015**

Amount of Each Disbursement this Period  
**1000.00**

Transaction ID : **SB20C.I2326**

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)..... **6000.00**

**TOTAL** This Period (last page this line number only)..... **6000.00**

15020150908

**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 96 OF 104
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)  
**A. MECKLENBURG COUNTY REPUBLICAN PARTY**

Mailing Address **500 E MOREHEAD ST  
STE 104**

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

Purpose of Disbursement  
**NON-FEDERAL CONTRIBUTION**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 30 / 2015**

Amount of Each Disbursement this Period  
**2000.00**

Transaction ID : **SB21.I2275**

Category/Type

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

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

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)..... **2000.00**

**TOTAL** This Period (last page this line number only)..... **2000.00**

15020150909

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Thom Tillis Committee** Transaction ID : 0000001

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Thom Tillis**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 2489

City State ZIP Code  
**CORNELIUS NC 28031** PERSONAL FUNDS

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 /  /    % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)...   
**TOTALS** This Period (last page in this line only)..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020150910

**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>Luke Blanchat</b>		Nature of Debt (Purpose): Mileage, Management Consulting
Mailing Address 327 I St. NE		
City State Washington	Zip Code DC 20002	

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>	Transaction ID : SD01.00040	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="10000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Daniel Keylin</b>		Nature of Debt (Purpose): Field Representative, IT Services, Milea
Mailing Address 2301 Columbia Pike		
City State Arlington	Zip Code VA 22204	

Outstanding Balance Beginning This Period <input type="text" value="7500.00"/>	Transaction ID : SD01.00037	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="7500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bellwether Consulting Group</b>		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 325 7th Street, NW		
City State Washington	Zip Code DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="24084.37"/>	Transaction ID : SD01.00007	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="24084.37"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

15020150911

**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  
**Berkley Assigned Risk Services**

Nature of Debt (Purpose):  
Insurance

Mailing Address PO Box 1450

City State Zip Code  
Minneapolis MN 55485

Outstanding Balance Beginning This Period **936.00** Transaction ID : SD01.00033

Amount Incurred This Period **0.00** Payment This Period **936.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Business Roundtable Conference Center**

Nature of Debt (Purpose):  
Site Fee/Food/Beverage

Mailing Address 300 New Jersey Avenue, NW

City State Zip Code  
Washington DC 20001

Outstanding Balance Beginning This Period **1509.47** Transaction ID : SD01.00035

Amount Incurred This Period **8663.65** Payment This Period **10173.12** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cambridge Analytica, LLC**

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 **100000.00** Transaction ID : SD01.00004

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **100000.00**

1) **SUBTOTALS** This Period This Page (optional) ... **100000.00**

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

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

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

15020150912

**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  
**Capitol Communications, Inc.**

Nature of Debt (Purpose):  
**Management Consulting**

Mailing Address **PO Box 876**

City State Zip Code  
**Granite Falls NC 28630**

Outstanding Balance Beginning This Period **125669.95** Transaction ID : **SD01.00003**

Amount Incurred This Period **0.00** Payment This Period **25669.95** Outstanding Balance at Close of This Period **100000.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CM&Co, LLC**

Nature of Debt (Purpose):  
**Accounting Services**

Mailing Address **PO Box 97275**

City State Zip Code  
**Raleigh NC 27624**

Outstanding Balance Beginning This Period **20616.64** Transaction ID : **SD01.00005**

Amount Incurred This Period **7121.16** Payment This Period **27737.80** Outstanding Balance at Close of This Period **0.00**

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

Nature of Debt (Purpose):  
**Catering**

Mailing Address **1515 N. Courthouse Road**

City State Zip Code  
**Arlington VA 22201**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD01.00100**

Amount Incurred This Period **1527.15** Payment This Period **0.00** Outstanding Balance at Close of This Period **1527.15**

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<b>101527.15</b>
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)	

15020150913

**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  
**H2 Capital Consulting, LLC**

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 **6139.16** Transaction ID : SD01.00038

Amount Incurred This Period **18584.49** Payment This Period **16309.44** Outstanding Balance at Close of This Period **8414.21**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Highwood Capital, LLC**

Nature of Debt (Purpose):  
 Fundraising Consulting

Mailing Address 915 E St, NW, #613

City State Zip Code  
 Washington DC 20004

Outstanding Balance Beginning This Period **21155.46** Transaction ID : SD01.00006

Amount Incurred This Period **31690.51** Payment This Period **21155.46** Outstanding Balance at Close of This Period **31690.51**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Lucy Croxton Consulting**

Nature of Debt (Purpose):  
 Fundraising Consulting, Insurance, Lodgi

Mailing Address 1315 East Blvd, Apt 311

City State Zip Code  
 Charlotte NC 28203

Outstanding Balance Beginning This Period **34000.00** Transaction ID : SD01.00039

Amount Incurred This Period **17000.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **17000.00**

1) SUBTOTALS This Period This Page (optional) ...	<b>57104.72</b>
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020150914

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 104
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD01.00016	
Amount Incurred This Period 877.31	Payment This Period 1777.31	Outstanding Balance at Close of This Period 0.00

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MC Rawling Consulting, Inc.</b>	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 4717 Rembert Drive	
City State Zip Code Raleigh NC 27612	

Outstanding Balance Beginning This Period 4000.00	Transaction ID : SD01.00041	
Amount Incurred This Period 0.00	Payment This Period 4000.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	125000.00
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)	

15020150915

**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  
**Moore & Van Allen**  
 Nature of Debt (Purpose):  
 Catering  
 Mailing Address 100 N. Tryon Street  
 City State Zip Code  
 Charlotte NC 28202

Outstanding Balance Beginning This Period Transaction ID : SD01.00042  
  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. 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 Transaction ID : SD01.00001  
  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Petroleum Club of Houston**  
 Nature of Debt (Purpose):  
 Site Fee/Food/Beverage  
 Mailing Address 800 Bell Street, 43rd Floor  
 City State Zip Code  
 Houston TX 77002

Outstanding Balance Beginning This Period Transaction ID : SD01.00043  
  
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<input type="text" value="83333.24"/>
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"/>

15020150916

**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  
**Relyus**

Nature of Debt (Purpose):  
**Printing Services**

Mailing Address **3469 Black & Decker Rd**

City State Zip Code  
**Hope Mills NC 28348**

Outstanding Balance Beginning This Period **2452.87** Transaction ID : **SD01.00017**

Amount Incurred This Period **0.00** Payment This Period **2452.87** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Targeted Victory, LLC**

Nature of Debt (Purpose):  
**Online Services, Email Services**

Mailing Address **1033 N. Fairfax ST, Suite 40**

City State Zip Code  
**Alexandria VA 22314**

Outstanding Balance Beginning This Period **1735.00** Transaction ID : **SD01.00044**

Amount Incurred This Period **0.00** Payment This Period **1735.00** Outstanding Balance at Close of This Period **0.00**

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

Nature of Debt (Purpose):  
**Legal Services**

Mailing Address **PO Box 800**

City State Zip Code  
**Richmond VA 23218**

Outstanding Balance Beginning This Period **2000.00** Transaction ID : **SD01.00013**

Amount Incurred This Period **170.18** Payment This Period **2170.18** Outstanding Balance at Close of This Period **0.00**

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>466965.11</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>466965.11</b>

15020150917

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# United States Senate

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USPS REGISTERED/CERTIFIED 4/15/15  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

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

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  POSTMARK

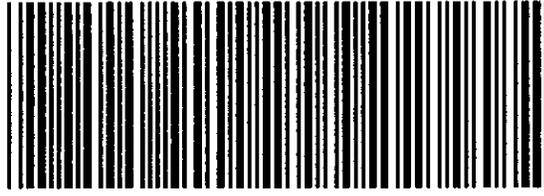
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

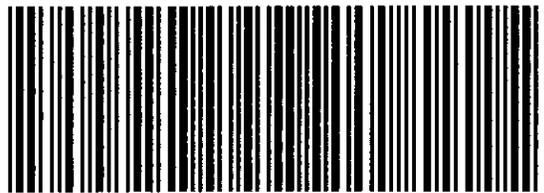
PREPARER MN DATE PREPARED 4/20/15

2/28/2015

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SEN PATCH



SEN PATCH

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