

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

Carla Cunningham for Congress Campaign Committee

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 9 | | 2 | 0 | 1 | 6 |

To:

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 512.99 | 4877.99 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 512.99 | 4877.99 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 21384.02 | 37756.48 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 21384.02 | 37756.48 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 13.10 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 38000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Carla Cunningham for Congress Campaign Committee

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

| 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)..... | 250.00 | 3150.00 |
| (ii) Unitemized..... | 262.99 | 1727.99 |
| (iii) TOTAL of contributions from individuals ▶ | 512.99 | 4877.99 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 512.99 | 4877.99 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 8000.00 | 38000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 8000.00 | 38000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.20 | 0.20 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 8513.19 | 42878.19 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 21384.02 | 37756.48 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 5108.61 | 5108.61 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 26492.63 | 42865.09 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 17992.54 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 8513.19 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 26505.73 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 26492.63 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 13.10 |

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

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

FOR LINE NUMBER: PAGE 5 OF 20
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Carla Cunningham for Congress Campaign Committee

A. Full Name (Last, First, Middle Initial)
Nathan Baskerville

Mailing Address PO Box 15

City Henderson State NC Zip Code 27536

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

Name of Employer Self Occupation Atty.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2016

Transaction ID : SA11Al.4366

Amount of Each Receipt this Period
250.00

Memo Item Donation

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

250.00

250.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Carla Cunningham for Congress Campaign Committee

A. Full Name (Last, First, Middle Initial)
Carla Dellette Cunningham

Mailing Address 1400 Sansberry Road

City Charlotte State NC Zip Code 28262

FEC ID number of contributing federal political committee. **C H6NC12063**

Name of Employer NCGA Occupation Nurse

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
35000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : SA13A.4334

Amount of Each Receipt this Period
5000.00

Memo Item
 Personal Loan

B. Full Name (Last, First, Middle Initial)
Carla Dellette Cunningham

Mailing Address 1400 Sansberry Road

City Charlotte State NC Zip Code 28262

FEC ID number of contributing federal political committee. **C H6NC12063**

Name of Employer NCGA Occupation Nurse

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
38000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : SA13A.4321

Amount of Each Receipt this Period
3000.00

Memo Item
 Personal Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

8000.00

8000.00

**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 7 OF 20 | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Robbie Ahkere | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address PO Box 35124 | | Amount of Each Disbursement this Period 500.00 |
| City Charlotte | State NC | |
| Zip Code 28235 | Purpose of Disbursement Consultant | <input type="checkbox"/> Memo Item |
| Candidate Name | 001 Category/Type | Transaction ID : SB17.4310 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Big Frog | | Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016 |
| Mailing Address 3429 Toringdon Way B112 | | Amount of Each Disbursement this Period 960.00 |
| City Charlotte | State NC | |
| Zip Code 28277 | Purpose of Disbursement T-Shirts | <input type="checkbox"/> Memo Item |
| Candidate Name Carla Cunningham for Congress Campaign Committee | 001 Category/Type | Transaction ID : SB17.4327 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC District: 12 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Gravis Marketing | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016 |
| Mailing Address 910 Bell Ave. Suite 1180 | | Amount of Each Disbursement this Period 3800.00 |
| City Winters Springs | State FL | |
| Zip Code 32708 | Purpose of Disbursement Sign Pick-up | <input type="checkbox"/> Memo Item |
| Candidate Name | 001 Category/Type | Transaction ID : SB17.4315 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5260.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 8 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Locke Productions | | Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016 |
| Mailing Address 9 Union Street North | | Amount of Each Disbursement this Period 426.20 <input type="checkbox"/> Memo Item |
| City Concord | State NC | |
| Purpose of Disbursement Video | Category/Type 001 | Transaction ID : SB17.4351 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Travis Manigan | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Purpose of Disbursement Campaign Consultant | Category/Type 001 | Transaction ID : SB17.4296 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Travis Manigan | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 980.00 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Purpose of Disbursement Campaign Consultant | Category/Type 001 | Transaction ID : SB17.4297 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2506.20 |
| TOTAL This Period (last page this line number only)..... | |

**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 9 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Travis Manigan | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 1020.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4300 |
| City State Zip Code Charlotte NC 28269 | Purpose of Disbursement Campaign Consultant 001 Category/Type | |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC District: 12 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Travis Manigan | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4304 |
| City State Zip Code Charlotte NC 28269 | Purpose of Disbursement Campaign Consultant 001 Category/Type | |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC District: 12 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Travis Manigan | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 1710.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4302 |
| City State Zip Code Charlotte NC 28269 | Purpose of Disbursement Campaign Consultant 001 Category/Type | |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC District: 12 | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3830.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 10 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Travis Manigan | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 3435.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4303 |
| City Charlotte | State NC | |
| Zip Code 28269 | Purpose of Disbursement Campaign Consultant | Category/ Type 001 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: NC District: 12 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Travis Manigan | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 8344 Laurel Run Drive | | Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4308 |
| City Charlotte | State NC | |
| Zip Code 28269 | Purpose of Disbursement Campaign Consultant | Category/ Type 001 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: NC District: 12 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Radio One | | Date of Disbursement MM / DD / YYYY 05 / 26 / 2016 |
| Mailing Address 8809 Lenox Pointe Drive | | Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4353 |
| City Charlotte | State NC | |
| Zip Code 28273 | Purpose of Disbursement Radio Ad | Category/ Type 004 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: NC District: 12 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4245.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 11 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Sams Clubs | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 8909 JW Clay Blvd | | Amount of Each Disbursement this Period 92.07 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Refreshments | Transaction ID : SB17.4349 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: NC | District: 12 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Sams Clubs | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 8909 JW Clay Blvd | | Amount of Each Disbursement this Period 117.27 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Food | Transaction ID : SB17.4355 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: NC | District: 12 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Sams Clubs | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016 |
| Mailing Address 8909 JW Clay Blvd | | Amount of Each Disbursement this Period 136.19 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Refreshments | Transaction ID : SB17.4337 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: NC | District: 12 | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 345.53 |
| TOTAL This Period (last page this line number only)..... | |

**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 12 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Sams Clubs | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016 |
| Mailing Address 8909 JW Clay Blvd | | Amount of Each Disbursement this Period 74.55 |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Refreshments | <input type="checkbox"/> Memo Item |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Category/Type 001 | Transaction ID : SB17.4323 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC | District: 12 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Heather Shane | | Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016 |
| Mailing Address 322 Bacon Avenue | | Amount of Each Disbursement this Period 300.00 |
| City Charlotte | State NC | |
| Zip Code 28208 | Purpose of Disbursement Canvassing | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.4375 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Heather Shane | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016 |
| Mailing Address 322 Bacon Avenue | | Amount of Each Disbursement this Period 300.00 |
| City Charlotte | State NC | |
| Zip Code 28208 | Purpose of Disbursement Field Organizer | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | Transaction ID : SB17.4298 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 674.55 |
| TOTAL This Period (last page this line number only)..... | |

**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 13 OF 20 | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Heather Shane | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 322 Bacon Avenue | | Amount of Each Disbursement this Period 922.35 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28208 | Purpose of Disbursement Field Organizer | Transaction ID : SB17.4301 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Heather Shane | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 322 Bacon Avenue | | Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28208 | Purpose of Disbursement Canvassing | Transaction ID : SB17.4377 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Texas Ranch Steak House | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address 1310 West Sugar Creek Road | | Amount of Each Disbursement this Period 202.35 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Breakfast for Team | Transaction ID : SB17.4336 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC District: 12 | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 922.35 |
| TOTAL This Period (last page this line number only)..... | |

**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 14 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Texas Ranch Steak House | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016 |
| Mailing Address 1310 West Sugar Creek Road | | Amount of Each Disbursement this Period 14.29 |
| City Charlotte | State NC | |
| Purpose of Disbursement Breakfast for Team | Category/ Type 001 | <input type="checkbox"/> Memo Item |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4340 |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: NC District: 12 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. The County News | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2016 |
| Mailing Address 206 Cooper Street Ste. 112 | | Amount of Each Disbursement this Period 506.75 |
| City Statesville | State NC | |
| Purpose of Disbursement Ad | Category/ Type 004 | <input type="checkbox"/> Memo Item |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4307 |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Unique Innovations LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016 |
| Mailing Address 9816 Nottingham Lane | | Amount of Each Disbursement this Period 1975.00 |
| City Charlotte | State NC | |
| Purpose of Disbursement Cavassers | Category/ Type 001 | <input type="checkbox"/> Memo Item |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : SB17.4295 |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: NC District: 12 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2496.04 |
| TOTAL This Period (last page this line number only)..... | |

**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 15 OF 20 | | | |
| | <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)
Carla Cunningham for Congress Campaign Committee

A. WBAV Radio Station

Full Name (Last, First, Middle Initial)
Mailing Address 1520 South Blvd.

City Charlotte State NC Zip Code 28203

Purpose of Disbursement Radio Ad

Candidate Name Carla Cunningham for Congress Campaign Committee

Office Sought: House Senate President
State: NC District: 12

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 05 / 25 / 2016

Amount of Each Disbursement this Period: 250.00

Memo Item

Transaction ID : SB17.4361

Category/Type: 004

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional) 250.00

TOTAL This Period (last page this line number only) 20529.67

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

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

NAME OF COMMITTEE (In Full)
Carla Cunningham for Congress Campaign Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Carla Dellette Cunningham | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2016 |
| Mailing Address 1400 Sansberry Road | | Amount of Each Disbursement this Period 4575.00 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Cash | Transaction ID : SB21.4313 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC | District: 12 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Carla Dellette Cunningham | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016 |
| Mailing Address 1400 Sansberry Road | | Amount of Each Disbursement this Period 533.61 <input type="checkbox"/> Memo Item |
| City Charlotte | State NC | |
| Zip Code 28262 | Purpose of Disbursement Cash | Transaction ID : SB21.4380 |
| Candidate Name Carla Cunningham for Congress Campaign Committee | Category/Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: NC | District: 12 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5108.61 |
| TOTAL This Period (last page this line number only)..... | 5108.61 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Carla Cunningham for Congress Campaign Committee** Transaction ID : **SC/10.4098**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Carla Dellette Cunningham
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
1400 Sansberry Road
 City State ZIP Code
 Charlotte NC 28262

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 20000.00 |
|-------------------------------------|------------------------------------|---|

TERMS
 Date Incurred: M 03 / D 17 / Y 2016
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| 1. Full Name (Last, First, Middle Initial) Carla Dellette Cunningham | Name of Employer NCGA |
| Mailing Address 1400 Sansberry Road | Occupation Nurse |
| City State ZIP Code Charlotte NC 28262 | Amount Guaranteed Outstanding: 20000.00 Transaction ID : SC/10.4098.0.SC2 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional) ▶ 20000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Carla Cunningham for Congress Campaign Committee** Transaction ID : **SC/10.4177**

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carla Dелette Cunningham | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1400 Sansberry Road | |

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| Charlotte | NC | 28262 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10000.00 | 0.00 | 10000.00 |

TERMS

| | | | |
|----------------|-----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 05 / 18 / 2016 | 11/8/2016 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 10000.00 |
| 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. | | |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Carla Cunningham for Congress Campaign Committee** Transaction ID : **SC/10.4334**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carla Dellette Cunningham | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1400 Sansberry Road | |

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| Charlotte | NC | 28262 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 06 / 06 / 2016 | None | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| 1. Full Name (Last, First, Middle Initial) Carla Dellette Cunningham | Name of Employer NCGA |
| Mailing Address 1400 Sansberry Road | Occupation Nurse |
| City State ZIP Code Charlotte NC 28262 | Amount Guaranteed Outstanding: 20000.00 Transaction ID : SC/10.4334.0.SC2 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|---------|
| SUBTOTALS This Period This Page (optional)..... | 5000.00 |
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Carla Cunningham for Congress Campaign Committee** Transaction ID : **SC/10.4321**

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Carla Dелette Cunningham | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1400 Sansberry Road | |

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| Charlotte | NC | 28262 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3000.00 | 0.00 | 3000.00 |

TERMS

| | | | |
|----------------|-----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 06 / 08 / 2016 | 11/8/2016 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... | 3000.00 |
| TOTALS This Period (last page in this line only)..... | 38000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.