10/26/2018 21:40

Image# 201810269133546880 PAGE 1/2

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

NAME OF COMMITTEE IN F George Holdir		ss Inc.								
ADDRESS (number and street	et) PO Box 97187									
CITY STATE Raleigh NC			STATE NC	ZIP CODE 27624						
2. NAME OF CANDIDATE				3. OFFICE SOU			4.1	EC IDENTIFICATION	I NUMBER	
Holding, George, E,	Mr.,			House	•	NC 02		C00499236		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AMEN	IDS THE	NOTICE FILED O	DN	//		
A. FULL NAME AMBULATORY SURGERY CE	ENTER ASSOCIATION	PAC (ASCAPA	AC)	Name of Emplo	oyer			Date (month, day, year)		
MAILING ADDRESS 1012 CAMERON ST				Transaction ID : F65-CN154749			10	0/24/2018	1000.00	
CITY	STATE	ZIP CO	DDE	Occupation Occupation						
			_	Cocapation						
Alexandria	VA	2231	4					5		
B. FULL NAME DAVID ROUZE	R FOR CON	GRESS	,	Name of Employer				Date (month, day, year)	Amount	
MAILING ADDRESS				1			10	0/24/2018	2000.00	
PO BOX 2267				Transaction I	D · F6	5-CN154750				
CITY	STATE	ZIP CO	DDE	Occupation	D . 1 0.	3-01113-730				
Smithfield	NC	2757								
C. FULL NAME		2.01	<u>. </u>	Name of Emplo	nvor.			Date (month,	Amount	
Baker, Leslie, M	, , Jr			Name of Emplo	рует			day, year)	Amount	
MAILING ADDRESS 2034 Buena Vista Rd	ILING ADDRESS 34 Buena Vista Rd			Transaction ID: F65-CN154748			10	0/24/2018	2450.00	
CITY	STATE	ZIP CO	DF	Occupation		3-01113-7-40				
Winston Salem	NC NC	2710		Оссираноп						
D. FULL NAME	110	27.10	<u>. </u>	Name of Emplo				Date (month,	Amount	
Bland, Daniel, A	٠, ,			Name of Employer Transource				day, year)	Amount	
MAILING ADDRESS				_			10	0/24/2018	1000.00	
MAILING ADDRESS 238 Halcyon Ave				Transaction	D . Ec	E CN4E4747				
CITY	STATE	ZIP CO	NDE .	Transaction I	D : F0	D-CN 134/4/				
Winston Salem	NC	2710		Occupation						
E. FULL NAME	<u> </u>			Name of Emplo	over			Date (month,	Amount	
Bland, James, , , Jr			Transource				day, year)			
MAILING ADDRESS 2540 Warwick Rd				Transaction ID : F65-CN154745 Occupation			10	0/24/2018	1000.00	
CITY STATE ZIP CODE		DF								
Winston Salem	NC	2710		Truck Dealer						
	140	2710	<i>,</i> .	Truck Dealer		DATE				
SIGNATURE (optional) McMichael, Collin, , Mr.,				[Electronically Filed]				For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		



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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

NAME OF COMMITTEE IN FULL George Holding for Cong	ress Inc		7		
ADDRESS (number and street) PO Box 97			-		
CITY, STATE, and ZIP CODE			continuation	nage	
Raleigh		NC 27624		<u> </u>	
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER		
Holding, George, E, Mr.,		House NC 02	C00499236		
5. IS THIS AN AMENDMENT? X NO, THIS	S IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	///////		
A. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month,	Amount	
Currie, Neill, , ,		Retired	day, year)		
			10/24/2018	1000.00	
500 Bay Drive					
		Transaction ID : F65-CN154752			
Vero Beach	FL 32963	Occupation			
		Retired	Data (manath	A	
B. FULL NAME, MAILING ADDRESS AND ZIP COD		Name of Employer	Date (month, day, year)	Amount	
Dean, John, Jackson, Mr.	, III	The Dean Agency			
146 Poteskeet loop			10/24/2018	2700.00	
140 Foleskeet 100p		Transaction ID : F65-CN154751			
		Occupation			
Southern Shores	NC 27949	Real Estate Broker			
C. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month,	Amount	
Vaccaro, Joseph, , ,		MetLife	day, year)		
, accare, eccep, , ,			10/24/2018	1000.00	
8 Camel Hollow Road					
		Transaction ID: F65-CN154739			
Havel Harbara	44740	Occupation			
Lloyd Harbor	NY 11743	SVP tax director			
D. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month, day, year)	Amount	
			,, , ,		
		0 "			
		Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month,	Amount	
			day, year)		
		Occupation			