

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

ADDRESS (number and street) 225 BALDWIN AVENUE CHARLOTTE NC 28204

2. FEC IDENTIFICATION NUMBER C C00544841 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day Report for the: Primary (12P), General (12G), Runoff (12R), PRE-Election, Convention (12C), Special (12S) (d) 30-Day Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 / 01 / 2015 through 06 / 30 / 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 Dr Craig A VanDerVeer

Signature of Treasurer Dr Craig A VanDerVeer [Electronically Filed] Date 06 / 30 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5244.24"/>	<input type="text" value="5244.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5244.24"/>	<input type="text" value="5244.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2600.00"/>	<input type="text" value="2600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2644.24"/>	<input type="text" value="2644.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4800.00	4800.00
(ii) Unitemized	444.24	444.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	5244.24	5244.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5244.24	5244.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5244.24	5244.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5244.24	5244.24

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2600.00	2600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2600.00	2600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2600.00	2600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5244.24	5244.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5244.24	5244.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Full Name (Last, First, Middle Initial) A. Dr Tim E Adamson		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 225 Baldwin Avenue		Transaction ID : SA11AI.4100
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Carolina Neurosurgery & Spine	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Joe D Bernard		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 225 Baldwin Avenue		Transaction ID : SA11AI.4106
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Carolina Neurosurgery & Spine	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Vinay Deshmukh		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 225 Baldwin Avenue		Transaction ID : SA11AI.4110
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Carolina Neurosurgery & Spine	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)

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

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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Dr E Hunter Dyer
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4112
Amount of Each Receipt this Period 300.00
Contribution

B. Dr Martin M Henegar
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4114
Amount of Each Receipt this Period 300.00
Contribution

C. Dr Taylor S Jarrell
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4116
Amount of Each Receipt this Period 300.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Dr John M Leshner
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4118
 Amount of Each Receipt this Period 300.00
 Contribution

B. Dr C Scott McLanahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4120
 Amount of Each Receipt this Period 300.00
 Contribution

C. Dr Dan M Oberer
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Baldwin Avenue
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4122
 Amount of Each Receipt this Period 300.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Dr Mark D Smith
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4124
Amount of Each Receipt this Period 300.00
Contribution

B. Dr Andrew I Sumich
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4126
Amount of Each Receipt this Period 300.00
Contribution

C. Dr Craig A VanDerVeer
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.4128
Amount of Each Receipt this Period 300.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 12
(check only one)

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

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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Dr Sameer Vemuri
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : SA11AI.4130
Amount of Each Receipt this Period **300.00**
Contribution

B. Dr Scott D Wait
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : SA11AI.4132
Amount of Each Receipt this Period **300.00**
Contribution

C. Dr John A Welshofer
Full Name (Last, First, Middle Initial)
Mailing Address 225 Baldwin Avenue
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Neurosurgery & Spine Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : SA11AI.4134
Amount of Each Receipt this Period **300.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 12
(check only one)

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

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)
CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

A. Full Name (Last, First, Middle Initial)
Dr David R Wiercisiewski

Mailing Address 225 Baldwin Avenue

City Charlotte State NC Zip Code 28204

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

Name of Employer Carolina Neurosurgery & Spine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
 300.00

Contribution

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	4800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Full Name (Last, First, Middle Initial)

A. RICHARD BURR VICTORY COMMITTEE

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution

011

Candidate Name

RICHARD BURR VICTORY COMMITTEE

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SB23.4139

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

2600.00

2600.00