

# 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

**GROW NC STRONG INC**

ADDRESS (number and street) 324 S WILMINGTON STREET #322

Check if different than previously reported. (ACC)

RALEIGH NC 27601

2. **FEC IDENTIFICATION NUMBER ▼** C C00545152 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2016

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 Tommy H. West

Signature of Treasurer Tommy H. West *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2016

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)

Write or Type Committee Name

**GROW NC STRONG INC**

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="2016"/>		54465.25
(b) Cash on Hand at Beginning of Reporting Period.....	12387.02	
(c) Total Receipts (from Line 19) .....	125000.00	172505.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	137387.02	226970.25
7. Total Disbursements (from Line 31).....	23253.06	112836.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	114133.96	114133.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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)

Write or Type Committee Name

**GROW NC STRONG INC**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	125000.00	172500.00
(ii) Unitemized .....	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	125000.00	172505.00
(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) .....	125000.00	172505.00
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))..... ▶	125000.00	172505.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	125000.00	172505.00

**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 .....	23253.06	52836.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23253.06	52836.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	60000.00
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)) ..	23253.06	112836.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23253.06	112836.29

**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) .....	125000.00	172505.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	125000.00	172505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23253.06	52836.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23253.06	52836.29

**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 8
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**GROW NC STRONG INC**

Full Name (Last, First, Middle Initial)  
**A. Custom Management Services, Inc.**

Mailing Address 206 W. 14th Street

City State Zip Code  
Sioux Falls SD 57104

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : SA11AI.4332**

Amount of Each Receipt this Period  
25000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Florida Crystals Corporation**

Mailing Address 1 N. Clematis St.  
Ste 200

City State Zip Code  
West Palm Beach FM 33401

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : SA11AI.4326**

Amount of Each Receipt this Period  
50000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. United States Sugar Corporation**

Mailing Address 111 Ponce de Leon Avenue

City State Zip Code  
Clewiston FL 33440

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : SA11AI.4324**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125000.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)  
**GROW NC STRONG INC**

Full Name (Last, First, Middle Initial)  
**A. Clark Hill PLC**

Date of Disbursement: MM / DD / YYYY  
04 / 04 / 2016

Mailing Address: 601 Pennsylvania Avenue NW, Suite 1000N  
City: Washington, State: DC, Zip Code: 20004

Purpose of Disbursement: Legal fees  
Candidate Name: \_\_\_\_\_  
Category/Type: \_\_\_\_\_

Office Sought:  House,  Senate,  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary,  General,  Other (specify) ▼

Transaction ID : **SB21B.4323**

Amount of Each Disbursement this Period: 4956.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Clark Hill PLC**

Date of Disbursement: MM / DD / YYYY  
05 / 05 / 2016

Mailing Address: 601 Pennsylvania Avenue NW, Suite 1000N  
City: Washington, State: DC, Zip Code: 20004

Purpose of Disbursement: Legal fees  
Candidate Name: \_\_\_\_\_  
Category/Type: \_\_\_\_\_

Office Sought:  House,  Senate,  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary,  General,  Other (specify) ▼

Transaction ID : **SB21B.4329**

Amount of Each Disbursement this Period: 2024.11

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Clark Hill PLC**

Date of Disbursement: MM / DD / YYYY  
06 / 07 / 2016

Mailing Address: 601 Pennsylvania Avenue NW, Suite 1000N  
City: Washington, State: DC, Zip Code: 20004

Purpose of Disbursement: Legal fees  
Candidate Name: \_\_\_\_\_  
Category/Type: \_\_\_\_\_

Office Sought:  House,  Senate,  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary,  General,  Other (specify) ▼

Transaction ID : **SB21B.4330**

Amount of Each Disbursement this Period: 2360.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9340.86

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)  
**GROW NC STRONG INC**

Full Name (Last, First, Middle Initial)

**A. Macon Consulting**

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement Fundraising Consulting fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : **SB21B.4328**

Amount of Each Disbursement this Period: 6285.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Macon Consulting**

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement Funraising Consulting fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.4331**

Amount of Each Disbursement this Period: 7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13785.50
<b>TOTAL</b> This Period (last page this line number only).....	23126.36