

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Walker 4 NC

ADDRESS (number and street)

2941 Battleground Ave

Box 38334

Check if different  
than previously  
reported. (ACC)

Greensboro

NC

27438

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00543231

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

06

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

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2013

through

M M / D D / Y Y Y Y  
09 / 30 / 2013

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 Charles Rakestraw

Signature of Treasurer

Charles Rakestraw

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 14 / 2013

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)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 42

Write or Type Committee Name

Walker 4 NC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

	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))....	21060.41	91674.48
(b) Total Contribution Refunds (from Line 20(d)) .....	600.00	600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	20460.41	91074.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	49073.42	85615.55
(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)) .....	49073.42	85615.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4858.93	
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	

## 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)

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Write or Type Committee Name

Walker 4 NC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**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).....

12750.00

70700.00

(ii) Unitemized.....

7597.00

14087.00

(iii) TOTAL of contributions from individuals ▶

20347.00

84787.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

713.41

6887.48

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

21060.41

91674.48

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 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.) .....

0.00

0.00

## 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)..... ▶

21060.41

91674.48

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 42

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49073.42	85615.55
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 .....	600.00	600.00
(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)).....	600.00	600.00
21. OTHER DISBURSEMENTS .....	600.00	600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50273.42	86815.55

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34071.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21060.41
25. SUBTOTAL (add Line 23 and Line 24).....	55132.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50273.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4858.93

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

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:

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 42

<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)

**Walker 4 NC**

Full Name (Last, First, Middle Initial)

**Eric Abrahamson****A.**

Mailing Address 8412 Linville Oaks Dr

City

Oak Ridge

State

NC

Zip Code

27310-9101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GSK / US Military

Occupation

Sales / Military

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		07		2013

**Transaction ID : SA11AI.4572**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**June D Alexander****B.**

Mailing Address 19 Stonecreek Ct

City

Greensboro

State

NC

Zip Code

27455-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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
09		10		2013

**Transaction ID : SA11AI.4581**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Rick Artiga****C.**Mailing Address 1541 New Garden Rd  
Apt 2B

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Associates

Occupation

Engineer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2013

**Transaction ID : SA11AI.4712**

Amount of Each Receipt this Period

100.00

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

1400.00

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

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

FOR LINE NUMBER:

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(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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

Dwight D Bates

Mailing Address 405 Quicksilver Ct

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greensboro Ear Nose and Throat

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.4840

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Dwight D Bates

Mailing Address 405 Quicksilver Ct

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greensboro Ear Nose and Throat

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Ashley Bryan Bevis

Mailing Address 3945 Silver Chalice Dr

City

Winston Salem

State

NC

Zip Code

27101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Insurance

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
08		02		2013

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

1000.00

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

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

1125.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Walker 4 NC**

Full Name (Last, First, Middle Initial)

**Cindy Bisette**

Mailing Address 6901 Grinsted Ct

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Rental Property Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.5075

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Cindy Bisette**

Mailing Address 6901 Grinsted Ct

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Rental Property Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2013

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Cynthia Bisette**

Mailing Address 3092 Terramar Dr

City

Naples

State

FL

Zip Code

34119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Property Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2013

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period

300.00

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

900.00

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



# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas A Blackman**  
Mailing Address 7088 Toscana Trce

City State Zip Code  
Summerfield NC 27358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Carolina Surgery

Occupation  
Surgeon

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
**Bill Bryan**  
Mailing Address 8203 Fox Briar Ct

City State Zip Code  
Greensboro NC 27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

520.00

Date of Receipt

M M / D D / Y Y Y Y  
08 23 2013

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Flora C Carter**  
Mailing Address 5006 Heathridge Terrace

City State Zip Code  
Greensboro NC 27410-8418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period

50.00

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

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

590.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Walker 4 NC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Flora C Carter</b>			Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 5006 Heathridge Terrace			<b>Transaction ID : SA11AI.5079</b>	
City	State	Zip Code		
Greensboro	NC	27410-8418		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 20.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 320.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Cynthia Casten</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2013	
Mailing Address 3710 Timberoak Dr			<b>Transaction ID : SA11AI.4691</b>	
City	State	Zip Code		
Greensboro	NC	27410		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer Wendover OBGYN		Occupation RN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ryan Chandler</b>			Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 110-A Shorelake Dr			<b>Transaction ID : SA11AI.5029</b>	
City	State	Zip Code		
Greensboro	NC	27455		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 300.00	
Name of Employer Self-Employed		Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			570.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:

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(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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

Ryan Chandler

Mailing Address 110-A Shorelake Dr

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2013

Transaction ID : SA11AI.5030

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Catherine J Coggins

Mailing Address PO Box 1300

City

De Land

State

FL

Zip Code

32721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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
09		10		2013

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Leslie S Coggins

Mailing Address PO Box 1300

City

De Land

State

FL

Zip Code

32721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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
09		10		2013

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period

500.00

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

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

1100.00

# **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 42

(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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

Cynthia Douglas

A.

Mailing Address 4704 Towne Ridge Dr

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

Grey Ellis

B.

Mailing Address 107 Kirk Rd

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Media Transfer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		13		2013

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert A Formo

C.

Mailing Address 4116 Obriant Pl

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Retired LTC

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2013

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period

100.00

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 13 OF 42  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Florence Fraser Gatten</b>			Date of Receipt M M / D D / Y Y Y Y 07 / 08 / 2013	
Mailing Address 3507 Smoketree Dr			<b>Transaction ID : SA11AI.4472</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00	
Greensboro	NC	27410		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Michael A Haran</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 4312 E NC HWY 150			<b>Transaction ID : SA11AI.4606</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 100.00	
Browns Summit	NC	27214-9695		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Doris Hartfield</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 8317 Providence North Dr			<b>Transaction ID : SA11AI.4639</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 20.00	
Stokesdale	NC	27357		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 420.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 370.00	
<b>TOTAL</b> This Period (last page this line number only).....			_____	

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

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

Mailing Address 3508 Vernon St

City Greensboro State NC Zip Code 27408-2920

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1015.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.5096

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lou Holoman**

Mailing Address 7323 Strawberry Rd

City Summerfield State NC Zip Code 27358

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

Name of Employer Retired Occupation Teacher

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1020.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Lou Holoman**

Mailing Address 7323 Strawberry Rd

City Summerfield State NC Zip Code 27358

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

Name of Employer Retired Occupation Teacher

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1040.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period

20.00

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

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

55.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Rachel B Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 123 Shorelake Dr Apt A		<b>Transaction ID : SA11AI.4932</b>	
City Greensboro	State NC	Zip Code 27455	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Rachel B Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 123 Shorelake Dr Apt A		<b>Transaction ID : SA11AI.5099</b>	
City Greensboro	State NC	Zip Code 27455	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Kelli Lyerly</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2013	
Mailing Address 6311 Linda Dr		<b>Transaction ID : SA11AI.4535</b>	
City Lewisville	State NC	Zip Code 27023	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Neurosurgical Solutions	Occupation Receptionist		
Receipt For: 2014 <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).....		1035.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

James W Maness Jr

Mailing Address 7375 Doggett Rd

City

Browns Summit

State

NC

Zip Code

27214-9583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Fire Department

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Robert A. J. McGrady

Mailing Address 100 Pineburr Rd

City

Greensboro

State

NC

Zip Code

27455-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

Robert A. J. McGrady

Mailing Address 100 Pineburr Rd

City

Greensboro

State

NC

Zip Code

27455-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period

500.00

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

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

560.00



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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

**A.** Full Name (Last, First, Middle Initial)  
**Carol M McKinney**

Mailing Address 3501 Brown Bark Dr

City Greensboro State NC Zip Code 27410

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

Name of Employer Lawndale Baptist Church Occupation Admin Assistant

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 525.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.5102

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael P McKinney**

Mailing Address 350 Brown Bark Dr

City Greensboro State NC Zip Code 27410-4601

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

Name of Employer McKinney Sew & Vac Occupation Owner

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 605.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

105.00

**C.** Full Name (Last, First, Middle Initial)  
**Amy J Moore**

Mailing Address 1407 Forest Hill Dr

City Greensboro State NC Zip Code 27410

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

Name of Employer Advanced Home Care Occupation Clinical Pharmacist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 510.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period

10.00

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

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

140.00

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

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

A. Amy J Moore

Mailing Address 1407 Forest Hill Dr

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Home CareOccupation  
Clinical Pharmacist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Transaction ID : SA11Al.4678

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Amy J Moore

Mailing Address 1407 Forest Hill Dr

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Home CareOccupation  
Clinical Pharmacist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Transaction ID : SA11Al.4679

Amount of Each Receipt this Period

-10.00

Full Name (Last, First, Middle Initial)

C. Amy J Moore

Mailing Address 1407 Forest Hill Dr

City

Greensboro

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Home CareOccupation  
Clinical Pharmacist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2013

Transaction ID : SA11Al.4693

Amount of Each Receipt this Period

5.00

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

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

5.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dennis F Moore</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 3714 Watauga Dr			<b>Transaction ID : SA11AI.4597</b>	
City Greensboro	State NC	Zip Code 27410	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Phillip D Nash</b>			Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 5402 Summer Oaks Ct			<b>Transaction ID : SA11AI.4955</b>	
City Summerfield	State NC	Zip Code 27358	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Lowes Home Improvement		Occupation Management		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 220.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Benjamin Parnell</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 220 Woodlyn Dr			<b>Transaction ID : SA11AI.4715</b>	
City Reidsville	State NC	Zip Code 27320	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 225.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			545.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<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)

**Walker 4 NC**

Full Name (Last, First, Middle Initial)

**A. Anthony B Petitt**

Mailing Address 1101 Dover Rd

City

Greensboro

State

NC

Zip Code

27408-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lorillard

Occupation

VP, CAO &amp; Controller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period

225.00

**B. Judy F Rees**

Full Name (Last, First, Middle Initial)

Mailing Address 214 River Rhys Trl

City

Pilot Mountain

State

NC

Zip Code

27041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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
08		14		2013

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

1000.00

**C. Janet S Reynolds**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Josephine Cir

City

Greensboro

State

NY

Zip Code

27410-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Receptionist / Admin Assistant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.5109

Amount of Each Receipt this Period

15.00

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

1240.00

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

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NAME OF COMMITTEE (In Full)  
Walker 4 NC

**A.** Full Name (Last, First, Middle Initial)  
Janet S Reynolds

Mailing Address 30 Josephine Cir

City Greensboro State NY Zip Code 27410-4176

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Receptionist / Admin Assistant

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 230.00

Date of Receipt

M M / D D / Y Y Y Y  
07 08 2013

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
Brenda C Ryals

Mailing Address 4815 Lake Laurel Ct

City Greensboro State NC Zip Code 27455

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 510.00

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2013

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Brenda C Ryals

Mailing Address 4815 Lake Laurel Ct

City Greensboro State NC Zip Code 27455

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 530.00

Date of Receipt

M M / D D / Y Y Y Y  
09 17 2013

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period

20.00

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

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

45.00

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

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NAME OF COMMITTEE (In Full)  
**Walker 4 NC**

**A.** Full Name (Last, First, Middle Initial)  
**George Ed Sears**

Mailing Address 2701 Winslow Ln

City Winston Salem State NC Zip Code 27103-5736

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

Name of Employer Grace Baptist Temple Occupation Pastor

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
09 17 2013

Transaction ID : SA11AI.4646

Amount of Each Receipt this Period

150.00

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

Mailing Address 7222 Northmoor Trce

City Greensboro State NC Zip Code 27455

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
07 08 2013

Transaction ID : SA11AI.4486

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth B Smith**

Mailing Address 7222 Northmoor Trce

City Greensboro State NC Zip Code 27455

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt

M M / D D / Y Y Y Y  
09 17 2013

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period

250.00

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

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

420.00

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

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NAME OF COMMITTEE (In Full)  
Walker 4 NC

**A.** Full Name (Last, First, Middle Initial)  
Diana A Tate

Mailing Address 701 Simpson St

City Greensboro State NC Zip Code 27401-1631

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Sales

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
540.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2013

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
Brenda W Tilley

Mailing Address 323 Nurse Rd

City Ararat State NC Zip Code 27007

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2013

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew K Tsuei

Mailing Address 18 Winterberry Ct

City Greensboro State NC Zip Code 27455

FEC ID number of contributing federal political committee. C

Name of Employer Central Carolina Surgery Occupation Surgeon

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1020.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 01 / 2013

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

20.00

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

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

560.00

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

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(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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

Matthew K Tsuei

Mailing Address 18 Winterberry Ct

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Carolina Surgery

Occupation

Surgeon

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2013

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Monica S Vaughan

Mailing Address 205 N Westgate Dr

City

Greensboro

State

NC

Zip Code

27407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Gloria N Walker

Mailing Address 4688 Creeksview Rd

City

McLeansville

State

NC

Zip Code

27301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lawndale Baptist Church

Occupation

Ministry Assistant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period

20.00

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

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

1120.00



# **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)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Walker 4 NC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jerry W Walker</b>			Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 8308 McCrory Rd			<b>Transaction ID : SA11AI.5112</b>	
City Stokesdale	State NC	Zip Code 27357	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1010.00		
Name of Employer Oak Level Baptist Church		Occupation Pastor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1010.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jerry W Walker</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 8308 McCrory Rd			<b>Transaction ID : SA11AI.4647</b>	
City Stokesdale	State NC	Zip Code 27357	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1060.00		
Name of Employer Oak Level Baptist Church		Occupation Pastor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1060.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Lane B West</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 26 Kinglet Cir			<b>Transaction ID : SA11AI.4653</b>	
City Greensboro	State NC	Zip Code 27455-1362	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
Name of Employer Self Employed		Occupation Actuary		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			310.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:

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(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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

L Mac Williams

Mailing Address 4600 Wending Ln

City

Greensboro

State

NC

Zip Code

27405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Auto Services

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

Transaction ID : SA11Al.4616

Amount of Each Receipt this Period

300.00

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

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

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

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

Amount of Each Receipt this Period

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

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

300.00

12750.00

# **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)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
Walker 4 NC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bradley Mark Walker</p> <p>Mailing Address 3315 Van Allen Ct</p> <p>City Greensboro State NC Zip Code 27410</p> <p>FEC ID number of contributing federal political committee. <b>C</b> H4NC06052</p> <p>Name of Employer Lawndale Baptist Church Occupation Minister</p> <p>Receipt For: 2014  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 6224.07</p>		<p>Date of Receipt  M M / D D / Y Y Y Y  09 / 10 / 2013</p> <p><b>Transaction ID : SA11D.5033</b></p> <p>Amount of Each Receipt this Period  50.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bradley Mark Walker</p> <p>Mailing Address 3315 Van Allen Ct</p> <p>City Greensboro State NC Zip Code 27410</p> <p>FEC ID number of contributing federal political committee. <b>C</b> H4NC06052</p> <p>Name of Employer Lawndale Baptist Church Occupation Minister</p> <p>Receipt For: 2014  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 6887.48</p>		<p>Date of Receipt  M M / D D / Y Y Y Y  09 / 30 / 2013</p> <p><b>Transaction ID : SA11D.5051</b></p> <p>Amount of Each Receipt this Period  663.41</p> <p>In-kind - Computer Equipment, Food and Beverage, Fuel, Lodging, Office Supplies</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date</p>		<p>Date of Receipt  M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p> <p><b>TOTAL</b> This Period (last page this line number only).....</p>		<p>713.41</p> <p>713.41</p>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Aesthetic Images Photography**

Mailing Address 200 East Newlyn Street

City	State	Zip Code
Greensboro	NC	27408

Purpose of Disbursement  
Photography

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 20 / 2013

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : SB17.4754

**B. Anedot, Inc.**

Mailing Address 214 Third Street, Suite 2B

City	State	Zip Code
Baton Rouge	LA	70801

Purpose of Disbursement  
Merchant Services

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2013

Amount of Each Disbursement this Period

267.84
--------

Transaction ID : SB17.4813

**c. Lori Bardsley**

Mailing Address 100 Victoria Ln

City	State	Zip Code
Gibsonville	NC	27249

Purpose of Disbursement  
Field Representative

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 27 / 2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4808

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

3367.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 42

<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Biz Boost Pros**

Mailing Address 1852 Banking Street #9122

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2013

City	State	Zip Code
Greensboro	NC	27408

Amount of Each Disbursement this Period

1090.00
---------

Purpose of Disbursement  
Online ServicesCategory/  
Type

Transaction ID : SB17.4773

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Brenda's Costume, Magic & Novelty Shop**

Mailing Address 105 Industrial Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2013

City	State	Zip Code
Greensboro	NC	27406

Amount of Each Disbursement this Period

394.98
--------

Purpose of Disbursement  
Event SuppliesCategory/  
Type

Transaction ID : SB17.4761

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Brenda's Costume, Magic & Novelty Shop**

Mailing Address 105 Industrial Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2013

City	State	Zip Code
Greensboro	NC	27406

Amount of Each Disbursement this Period

160.13
--------

Purpose of Disbursement  
Event SuppliesCategory/  
Type

Transaction ID : SB17.4774

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1645.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 42

<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. CM&Co, LLC**

Mailing Address PO Box 97275

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Accounting Services

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		27		2013

Amount of Each Disbursement this Period

1687.94
---------

Transaction ID : SB17.4809

**B. Alan Cox**

Mailing Address 1228 Brandon Ln

City	State	Zip Code
Danbury	NC	27016

Purpose of Disbursement  
Field Representative

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		27		2013

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4806

**c. Charles Dyer**

Mailing Address 513 S. Main St

City	State	Zip Code
Reidsville	NC	27320

Purpose of Disbursement  
Rent

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2013

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4767

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

2987.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Fleming Road Family Fair**

Mailing Address 2300 Fleming Road

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2013

Amount of Each Disbursement this Period

315.00
--------

Transaction ID : SB17.5066

**B. G Graphics, Inc.**

Mailing Address 811 Eula St, STE B

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement  
Direct Mail Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
07 / 11 / 2013

Amount of Each Disbursement this Period

6416.40
---------

Transaction ID : SB17.4719

**c. G Graphics, Inc.**

Mailing Address 811 Eula St, STE B

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement  
Graphic Design, Printed Materials

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2013

Amount of Each Disbursement this Period

2411.96
---------

Transaction ID : SB17.4757

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

9143.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 42

<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. G Graphics, Inc.**

Mailing Address 811 Eula St, STE B

City	State	Zip Code
Greensboro	NC	27403

Purpose of Disbursement  
Signs, Name Tapes

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
09		27		2013

Amount of Each Disbursement this Period

4046.21
---------

Transaction ID : SB17.4810

**B. Greensboro Coliseum**

Mailing Address PO Box 5447

City	State	Zip Code
Greensboro	NC	27435

Purpose of Disbursement  
Advertising

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
08		12		2013

Amount of Each Disbursement this Period

220.00
--------

Transaction ID : SB17.4745

**c. Jeff Hargett**

Mailing Address 6845 Spencer Dixon Rd

City	State	Zip Code
Summerfield	NC	27455

Purpose of Disbursement  
Field Representative

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
09		03		2013

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4781

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

4566.21



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Hursey's Bar-B-Q**

Mailing Address 1834 S Church St

City	State	Zip Code
Burlington	NC	27215

Purpose of Disbursement  
Catering

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
09		26		2013

Amount of Each Disbursement this Period

5444.25
---------

Transaction ID : SB17.4802

**B. Brian Landreth**

Mailing Address 7773 A NC HWY 68 N

City	State	Zip Code
Stokesdale	NC	27357

Purpose of Disbursement  
Field Representative

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
08		12		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4750

**c. Brian Landreth**

Mailing Address 7773 A NC HWY 68 N

City	State	Zip Code
Stokesdale	NC	27357

Purpose of Disbursement  
Field Representative

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
08		26		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4772

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

6444.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 42

<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Brian Landreth**

Mailing Address 7773 A NC HWY 68 N

City	State	Zip Code
Stokesdale	NC	27357

Purpose of Disbursement  
Field Representative

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
09		04		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4790

**B. Brian Landreth**

Mailing Address 7773 A NC HWY 68 N

City	State	Zip Code
Stokesdale	NC	27357

Purpose of Disbursement  
Field Representative

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
09		25		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4801

**C. Matthews Mobile Media**

Mailing Address 101 S Swing Rd

City	State	Zip Code
Greensboro	NC	27409

Purpose of Disbursement  
Bus Wrap

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
08		07		2013

Amount of Each Disbursement this Period

2800.00
---------

Transaction ID : SB17.4741

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

3800.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Matthews Mobile Media**

Mailing Address 101 S Swing Rd

City	State	Zip Code
Greensboro	NC	27409

Purpose of Disbursement  
Bus Wrap

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2013

Amount of Each Disbursement this Period

2621.65
---------

Transaction ID : SB17.4758

**B. NC Farm Bureau Mutual Insurance Co**

Mailing Address PO Box 20188

City	State	Zip Code
Greensboro	NC	27420

Purpose of Disbursement  
Insurance

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 20 / 2013

Amount of Each Disbursement this Period

394.40
--------

Transaction ID : SB17.4752

**C. Soul Biscuit**

Mailing Address 5411 W. Friendly Ave #F

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Event Entertainment

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2013

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : SB17.4783

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

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

4766.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. TCS Event Rentals**

Mailing Address PO Box 1957

City	State	Zip Code
Burlington	NC	27216

Purpose of Disbursement  
Event Supplies/Operations, Tent

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
08		21		2013

Amount of Each Disbursement this Period

2289.79
---------

Transaction ID : SB17.4759

**B. The Sterling Rental Group**

Mailing Address 3224 N. O'HENRY BLVD

City	State	Zip Code
GREENSBORO	NC	27405

Purpose of Disbursement  
Rent

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
08		26		2013

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4769

**c. Kelley Tuck**

Mailing Address 106 Cheyenne Dr Apt S

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Field Representative

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
07		12		2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4722

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

3539.79

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Kelley Tuck**

Mailing Address 106 Cheyenne Dr Apt S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2013

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Field Representative

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4736

Full Name (Last, First, Middle Initial)

**B. Kelley Tuck**

Mailing Address 106 Cheyenne Dr Apt S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2013

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Field Representative

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4749

Full Name (Last, First, Middle Initial)

**C. Kelley Tuck**

Mailing Address 106 Cheyenne Dr Apt S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2013

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Field Representative

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4771

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Kelley Tuck**

Mailing Address 106 Cheyenne Dr Apt S

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Field Representative

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4789

**B. Kelley Tuck**

Mailing Address 106 Cheyenne Dr Apt S

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
Field Representative

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4800

**C. Verizon**

Mailing Address 140 West Street

City	State	Zip Code
New York	NY	10007

Purpose of Disbursement  
Phone Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2013

Amount of Each Disbursement this Period

188.71
--------

Transaction ID : SB17.4756

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

688.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 42

<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)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Bradley Mark Walker**

Mailing Address 3315 Van Allen Ct

City	State	Zip Code
Greensboro	NC	27410

Purpose of Disbursement  
In-kind - Computer Equipment, Food and Beverage, Fuel, Lodging, Office  
Supplies

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NC

District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2013

Amount of Each Disbursement this Period

663.41
--------

Transaction ID : SB17.5052

**B. West 65 Inc.**

Mailing Address PO Box 39436

City	State	Zip Code
Greensboro	NC	27438

Purpose of Disbursement  
Management Consulting

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
08		12		2013

Amount of Each Disbursement this Period

1997.50
---------

Transaction ID : SB17.4747

**c. West 65 Inc.**

Mailing Address PO Box 39436

City	State	Zip Code
Greensboro	NC	27438

Purpose of Disbursement  
Management Consulting

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
09		25		2013

Amount of Each Disbursement this Period

1997.50
---------

Transaction ID : SB17.4799

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

4658.41





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

**A. Cindy Bisette**

Mailing Address 6901 Grinsted Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2013

City	State	Zip Code
Greensboro	NC	27455

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB20A.5119

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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

400.00
--------

400.00
--------

# **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 42 OF 42

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Walker 4 NC

Full Name (Last, First, Middle Initial)

## **A. GREATER GREENSBORO REPUBLICAN WOMENS CLUB**

Mailing Address 231-A SOUTH ELM STREET

City Greensboro State NC Zip Code 27401

Purpose of Disbursement  
Non-Federal Contribution

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  
08 / 05 / 2013

Amount of Each Disbursement this Period

600.00

Transaction ID : SB21.4814

Category/  
Type

## **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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

## **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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

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

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

600.00

600.00