

# 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

Renee Ellmers for Congress Committee

ADDRESS (number and street) ▼

PO BOX 99567

Check if different than previously reported. (ACC)

RALEIGH

NC

27624

2. **FEC IDENTIFICATION NUMBER** ▼

C C00471896

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NC

02

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Al Lytton

Signature of Treasurer Al Lytton

[Electronically Filed]

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Renee Ellmers for Congress Committee**

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

	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))....	281970.00	488667.21
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	281970.00	488267.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	130588.08	387148.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	4553.55	5163.15
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126034.53	381985.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	350244.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Renee Ellmers for Congress Committee**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	75960.00	107010.00
(ii) Unitemized.....	6510.00	10157.21
(iii) TOTAL of contributions from individuals ▶	82470.00	117167.21
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	199500.00	371500.00
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	281970.00	488667.21
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	807.80	6854.78
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	4553.55	5163.15
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	.00	.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	287331.35	500685.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	130588.08	387148.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	400.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	400.00
21. OTHER DISBURSEMENTS .....	26850.00	137422.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	157438.08	524970.99

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	220351.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	287331.35
25. SUBTOTAL (add Line 23 and Line 24).....	507682.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157438.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	350244.52

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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 Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams LLP**

Mailing Address Riverfront Plaza East Tower  
951 East Byrd St

City Richmond State VA Zip Code 23219-4074

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11Ai-CN127189**

Amount of Each Receipt this Period  
1000

PARTNERSHIP ITEMIZATIONS BELOW THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams LLP**

Mailing Address Riverfront Plaza East Tower  
951 East Byrd St

City Richmond State VA Zip Code 23219-4074

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11Ai-CN127190**

Amount of Each Receipt this Period  
1500

PARTNERSHIP ITEMIZATIONS BELOW THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David Allison**

Mailing Address 81 Chicora Club Drive

City Dunn State NC Zip Code 28334

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

Name of Employer Occupation  
Carolina Regional Radiology Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11Ai-CN127154**

Amount of Each Receipt this Period  
250

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 7 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis Keith Allison**

Mailing Address PO Box 35910

City Fayetteville State NC Zip Code 28303-0910

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

Name of Employer Systel Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127234**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Wayne M Anstead**

Mailing Address 437 Kingsford Road

City Fayetteville State NC Zip Code 28314

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

Name of Employer Anstead's Tobacco Company Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

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

**Transaction ID : SA11Ai-CN127277**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Dale S Ardizzone**

Mailing Address 6310 Woodleigh Oaks Dr

City Charlotte State NC Zip Code 28226-8532

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

Name of Employer The Inspiration Network Occupation Lawyer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11Ai-CN127159**

Amount of Each Receipt this Period  
**2700**

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

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

**5900.00**

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

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

FOR LINE NUMBER: PAGE 8 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ramon D Ardizzone**

Mailing Address 5805 Copperleaf Commons Court

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11Ai-CN127160**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Chelsea Arnone**

Mailing Address 1125 11th Street NW  
Apt 202

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Capital Health Group Director Of Policy

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11Ai-CN127217**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George Binder**

Mailing Address 401 Lakeshore Dr

City State Zip Code  
Fayetteville NC 28305-5210

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

Name of Employer Occupation  
Carolina Regional Radiology Radiologist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11Ai-CN127213**

Amount of Each Receipt this Period  
250

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Lydia Boesch**

Mailing Address 35 Mcmichael Dr

City Pinehurst State NC Zip Code 28374-6702

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11Ai-CN127247**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)  
**Richard Boruta**

Mailing Address 5900 Providence Country Club Dr

City Charlotte State NC Zip Code 28277-2623

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : SA11Ai-CN127249**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Russell P Branzell**

Mailing Address 6971 Peacock Lane

City Hoschton State GA Zip Code 30548

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

Name of Employer College Of Healthcare Info Mgmt Execs Occupation President/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11Ai-CN127215**

Amount of Each Receipt this Period  
 1000

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Imani Janel Brodie**

Mailing Address 1241 Sappony Drive  
Unit 106

City State Zip Code  
Knightdale NC 27545

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

Name of Employer Occupation  
Brodie Contractors Inc. Project Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11Ai-CN127128**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David C Bryan**

Mailing Address 156 Eilerslie Dr

City State Zip Code  
Fayetteville NC 28303-5917

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

Name of Employer Occupation  
Bryan Pontiac Cadillac Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700

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

**Transaction ID : SA11Ai-CN127290**

Amount of Each Receipt this Period  
2700

**C.** Full Name (Last, First, Middle Initial)  
**Dr Michael S Bryant**

Mailing Address 630 Hay St

City State Zip Code  
Fayetteville NC 28301-5422

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

Name of Employer Occupation  
Village Surgical Associates Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2015

**Transaction ID : SA11Ai-CN127225**

Amount of Each Receipt this Period  
1000

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James Burgin**

Mailing Address 6099 Nc 55 W

City Angier State NC Zip Code 27501-7530

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

Name of Employer C & D Insurance Occupation President/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11Ai-CN127150**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Cerullo**

Mailing Address 8800 Covey Rise Ct

City Charlotte State NC Zip Code 28226

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

Name of Employer The Inspiration Networks Occupation President/CEO/Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11Ai-CN127157**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Franklin S. Clark III**

Mailing Address 505 Forsythe St

City Fayetteville State NC Zip Code 28304-3769

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

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

**Transaction ID : SA11Ai-CN127287**

Amount of Each Receipt this Period  
**1000**

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

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

**4700.00**

**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 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Joseph B Cornett**

Mailing Address 113 Arrowstone Court

City Morrisville State NC Zip Code 27560

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

Name of Employer Wake Radiology Occupation Radiologist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

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

**Transaction ID : SA11Ai-CN127313**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Raft Courie**

Mailing Address PO Box 53608

City Fayetteville State NC Zip Code 28305

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

Name of Employer Beaver Holt Sternlicht Courie Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

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

**Transaction ID : SA11Ai-CN127285**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Barbara H Curtis**

Mailing Address 622 Lakestone Drive

City Raleigh State NC Zip Code 27609

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : SA11Ai-CN127131**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Ashley E Davis**

Mailing Address 600 New Hampshire Ave NW

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

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

Name of Employer Blank Rome Government Relations	Occupation Principal
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : SA11Ai-CN127093**

Amount of Each Receipt this Period  
 -1000

Returned Check

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Diane H Deering**

Mailing Address 106 Bayview Circle

City Parkton	State NC	Zip Code 28371
-----------------	-------------	-------------------

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

Name of Employer TLC Autowash	Occupation Owner
----------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

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

**Transaction ID : SA11Ai-CN127284**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Murray O Duggins**

Mailing Address 1107 Offshore Dr

City Fayetteville	State NC	Zip Code 28305-5250
----------------------	-------------	------------------------

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

Name of Employer United Developer	Occupation Real Estate Developer
--------------------------------------	-------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11Ai-CN127251**

Amount of Each Receipt this Period  
500

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Murray O Duggins**

Mailing Address 1107 Offshore Dr

City Fayetteville State NC Zip Code 28305-5250

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

Name of Employer United Developer Occupation Real Estate Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

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

**Transaction ID : SA11Ai-CN127278**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey R Dunn**

Mailing Address 7870 Godwin Lake Rd

City Dunn State NC Zip Code 28334

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

Name of Employer Carolina Fire Protection Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : SA11Ai-CN127134**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank E Espinoza Vergara**

Mailing Address 106 Chadmore Drive

City Cary State NC Zip Code 27518

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2015**

**Transaction ID : SA11Ai-CN127245**

Amount of Each Receipt this Period  
**500**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John J Ferebee Sr**

Mailing Address 412 Wildwood Ave

City Rocky Mount State NC Zip Code 27803-1730

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

Name of Employer Self-Employed Occupation Real Estate Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : SA11Ai-CN127132**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Sandra R. Fisher**

Mailing Address 171 Churchill Drive S

City Fayetteville State NC Zip Code 28303

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127232**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Pat Godwin Sr.**

Mailing Address 1301 E Cumberland St

City Dunn State NC Zip Code 28334-8907

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

Name of Employer The Godwin Group Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : SA11Ai-CN127139**

Amount of Each Receipt this Period  
**2700**

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

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

**4950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. T C Godwin Jr**

Mailing Address 1104 N Ellis Ave

City State Zip Code  
Dunn NC 28334-3011

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

Name of Employer Occupation  
T-Mart Foods Stores President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

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

**Transaction ID : SA11Ai-CN127286**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Kathryn S Harper**

Mailing Address 211 Lord Byron Ct

City State Zip Code  
Cary NC 27513-3825

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : SA11Ai-CN127101**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert E. Hawkins**

Mailing Address 5005 Birch Rd

City State Zip Code  
Fayetteville NC 28304-1901

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2015**

**Transaction ID : SA11Ai-CN127366**

Amount of Each Receipt this Period  
**200**

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

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

**800.00**

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

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

FOR LINE NUMBER: PAGE 17 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John M Healy**

Mailing Address 2524 N Edgewater Dr

City Fayetteville State NC Zip Code 28303-5240

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

Name of Employer Healy Wholesale Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11Ai-CN127289**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John T Henley Jr**

Mailing Address 1802 Pugh Street

City Fayetteville State NC Zip Code 28305

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

Name of Employer Fayetteville Otolaryngology Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127224**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Paige T Houston**

Mailing Address 508 W Pearsall Street

City Dunn State NC Zip Code 28334

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

Name of Employer Thomas Drug Store Occupation Pharmacist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11Ai-CN127146**

Amount of Each Receipt this Period  
**1000**

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>Mr. Martin Howard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015
Mailing Address 4004 Perthcroft Pl		<b>Transaction ID : SA11Ai-CN127227</b>
City Fuquay Varina	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500
Name of Employer David Allen Company	Occupation Vice President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500	

Full Name (Last, First, Middle Initial) <b>Mr. David Irons</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015
Mailing Address 4225 Mildred Ave		<b>Transaction ID : SA11Ai-CN127241</b>
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700
Name of Employer Retired	Occupation Fireman	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	

Full Name (Last, First, Middle Initial) <b>Mr. Robert A Jeffreys</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2015
Mailing Address 3102 Cashwell Dr Unit 52		<b>Transaction ID : SA11Ai-CN127379</b>
City Goldsboro	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer Jeffreys Beer and Wine	Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<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: (check only one)	PAGE 19 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Sheryl Gillikin Jordan**

Mailing Address 360 Valley Road

City Fayetteville State NC Zip Code 28305

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

Name of Employer Fayetteville XRay Associates PA Occupation Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

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

**Transaction ID : SA11Ai-CN127308**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael G Lallier**

Mailing Address 500 Willow Bend Rd

City Fayetteville State NC Zip Code 28303-5901

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

Name of Employer Reed-Lallier Chevrolet Inc. Occupation Automobile Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11Ai-CN127291**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John M Lennon**

Mailing Address 2115 Woodland Avenue

City Raleigh State NC Zip Code 27608

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127231**

Amount of Each Receipt this Period  
**250**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Leora Levy**

Mailing Address 59 Pecksland Road

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

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

**Transaction ID : SA11Ai-CN127253**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James W. Lockamy**

Mailing Address PO Box 911

City State Zip Code  
Dunn NC 28335-0911

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

Name of Employer Occupation  
Self-Employed Commercial Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11Ai-CN127136**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Steven Lozinsky**

Mailing Address 317 Wade Stephenson Rd

City State Zip Code  
Holly Springs NC 27540

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

Name of Employer Occupation  
Sparkle & Shine Cleaning Service Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11Ai-CN127137**

Amount of Each Receipt this Period  
1000

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey M Mackinnon**

Mailing Address 3753 Olive St NW

City Washington State DC Zip Code 20015

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

Name of Employer Ryan MacKinnon Vasapoli Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2015**

**Transaction ID : SA11Ai-CN127185**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Nancy M McNally**

Mailing Address 906 Hickory Run Lane

City Great Falls State VA Zip Code 22066

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

Name of Employer Van Ness Feldman Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11Ai-CN127328**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey Charles Mortier**

Mailing Address 3962 Georgetown Court NW

City Washington State DC Zip Code 20007

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2015**

**Transaction ID : SA11Ai-CN127184**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John W Motter**

Mailing Address 590 Central Dr Apt 203

City Southern Pines State NC Zip Code 28387-2860

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2015**

**Transaction ID : SA11Ai-CN127348**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Debra Mozingo**

Mailing Address 921 S Mcpherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11Ai-CN127279**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Sue Wilkins Myrick**

Mailing Address 432 Double Eagle Trace

City Johns Island State SC Zip Code 29455

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11Ai-CN127155**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David E Nimocks Jr.**

Mailing Address PO Box 87128

City Fayetteville State NC Zip Code 28304-7128

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

Name of Employer Terminix Occupation Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2015**

**Transaction ID : SA11Ai-CN127214**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John M Nunnally**

Mailing Address 127 Wilander Dr

City Cary State NC Zip Code 27511-6106

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

Name of Employer Ragsdale Liggett Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2015**

**Transaction ID : SA11Ai-CN127115**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Arthur Odom**

Mailing Address 204 Northchester Way

City Raleigh State NC Zip Code 27614-9474

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

Name of Employer David Allen Company Occupation VP/CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127229**

Amount of Each Receipt this Period  
**2500**

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

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

**3750.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Philip Pretter**

Mailing Address 12325 Camberwell Court

City Raleigh State NC Zip Code 27614

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

Name of Employer Wake Radiology Occupation Radiology

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

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

**Transaction ID : SA11Ai-CN127307**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. E. Courtney Anderson Reinhard**

Mailing Address 4372 Harvester Farm Lane

City Fairfax State VA Zip Code 22032

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

Name of Employer Verizon Occupation VP Federal Government Relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

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

**Transaction ID : SA11Ai-CN127326**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Roberson**

Mailing Address 112 Waxwood Ln

City Cary State NC Zip Code 27511

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

Name of Employer David Allen Company Occupation Sr Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127228**

Amount of Each Receipt this Period  
**2500**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Roberson**

Mailing Address PO Box 27705

City Raleigh State NC Zip Code 27611-7705

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

Name of Employer David Allen Company Occupation Chairman-CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127230**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Robinson**

Mailing Address 1135 Kildaire Farm Rd

City Cary State NC Zip Code 27511-7608

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2015**

**Transaction ID : SA11Ai-CN127347**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Chad E Sasso**

Mailing Address 106 Chadmore Drive

City Cary State NC Zip Code 27518

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

Name of Employer The Challenge Printing Company Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : SA11Ai-CN127244**

Amount of Each Receipt this Period  
**500**

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

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

**3400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Darrell Sasso**

Mailing Address 25 Murphy Circle

City State Zip Code  
Florham Park NJ 07932

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

Name of Employer Occupation  
The Challenge Printing Company Inc. Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2015

**Transaction ID : SA11Ai-CN127243**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Kimberly G Schmidlin**

Mailing Address 228 Killington Pl

City State Zip Code  
Dunn NC 28334

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

Name of Employer Occupation  
Carolina Therapy Services Inc Speech therapist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

**Transaction ID : SA11Ai-CN127149**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Rajan Shamdasani**

Mailing Address PO Box 564

City State Zip Code  
Fayetteville NC 28302-0564

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

Name of Employer Occupation  
Spring Preserve Water Company Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

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

**Transaction ID : SA11Ai-CN127280**

Amount of Each Receipt this Period  
500

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas E. Skains**

Mailing Address 7714 Baltusrol Ln

City State Zip Code  
Charlotte NC 28210-4930

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

Name of Employer Occupation  
Piedmont Natural Gas Chairman/President/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015

**Transaction ID : SA11Ai-CN127398**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Candy Straight**

Mailing Address 518 East Passaic Avenue

City State Zip Code  
Bloomfield NJ 07003

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

Name of Employer Occupation  
Self-Employed Independent Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11Ai-CN127237**

Amount of Each Receipt this Period  
2600

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Denise Strother**

Mailing Address 2929 Breezewood Avenue  
Suite 200

City State Zip Code  
Fayetteville NC 28303

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

Name of Employer Occupation  
Strother Ventures Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

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

**Transaction ID : SA11Ai-CN127281**

Amount of Each Receipt this Period  
500

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Billy B Tart**

Mailing Address 208 Marlowe Dr

City State Zip Code  
Dunn NC 28334-4429

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

Name of Employer Occupation  
Brass Lantern Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11Ai-CN127148**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph A Tart**

Mailing Address 311 Coleridge Dr

City State Zip Code  
Dunn NC 28334

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

Name of Employer Occupation  
Family Medical Supply Owner/Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11Ai-CN127147**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Gordon L Townsend Jr**

Mailing Address PO Box 457

City State Zip Code  
Dunn NC 28335-0457

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

Name of Employer Occupation  
Self-Employed Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11Ai-CN127152**

Amount of Each Receipt this Period  
1000

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward S. Turlington**

Mailing Address P.O. Box 1027

City State Zip Code  
Dunn NC 28335

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2015**

**Transaction ID : SA11Ai-CN127143**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Christopher G Ullrich**

Mailing Address 2623 Lemon Tree Ln

City State Zip Code  
Charlotte NC 28211-3643

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

Name of Employer Occupation  
CHARLOTTE RADIOLOGY Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

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

**Transaction ID : SA11Ai-CN127301**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mitchell T Vakerics**

Mailing Address 4221 36th Street South

City State Zip Code  
Arlington VA 22206

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

Name of Employer Occupation  
Ovation Occupations Project Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2015**

**Transaction ID : SA11Ai-CN127216**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. William J Vanarthos**

Mailing Address 104 Sedgemoor Drive

City Cary State NC Zip Code 27513

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

Name of Employer Wake Radiology Occupation Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

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

**Transaction ID : SA11Ai-CN127312**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Sophia Ward**

Mailing Address 20320 Palm Meadows Dr

City Clinton Township State MI Zip Code 48036

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : SA11Ai-CN127343**

Amount of Each Receipt this Period  
**210**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William G Way Jr**

Mailing Address 7713 Oakmont Place

City Raleigh State NC Zip Code 27615

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

Name of Employer Wake Radiology Occupation Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

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

**Transaction ID : SA11Ai-CN127299**

Amount of Each Receipt this Period  
**250**

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

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

**710.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles F Weber**

Mailing Address 6769 Surrey Road

City Fayetteville State NC Zip Code 28306

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

Name of Employer Weber Commercial Properties Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

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

**Transaction ID : SA11Ai-CN127282**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert P Wellons**

Mailing Address PO Box 730

City Dunn State NC Zip Code 28335-0730

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

Name of Employer Wellons Realty & Construction Inc. Occupation Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : SA11Ai-CN127133**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William S Wellons Jr.**

Mailing Address PO Box 766

City Spring Lake State NC Zip Code 28390-0766

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

Name of Employer Wellco Contractors Inc. Occupation Developer/Builder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN127233**

Amount of Each Receipt this Period  
**500**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Darren N Willcox**

Mailing Address 9696 Mill Ridge Ln

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
W Strategies Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015

**Transaction ID : SA11Ai-CN127239**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Sharlene R Williams**

Mailing Address 238 N McPherson Church

City State Zip Code  
Fayetteville NC 28303

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

Name of Employer Occupation  
C & S Commercial Properties Real Estate Development/Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11Ai-CN127288**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Andrew C Wu**

Mailing Address 8729 Valentine Ct

City State Zip Code  
Raleigh NC 27615-5830

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

Name of Employer Occupation  
Wake Radiology Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11Ai-CN127309**

Amount of Each Receipt this Period  
1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 123
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jay W. Wyatt III**

Mailing Address 511 Windwood-on-Skye

City Fayetteville State NC Zip Code 28303

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

Name of Employer Valley Auto World Inc. Occupation General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11Ai-CN127399**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**1000.00**

**75960.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**IHEARTMEDIA INC. - CLEAR CHANNEL OUTDOOR PAC**

Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C C00279216**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11C-CN127109**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**IKARIA POLITICAL ACTION COMMITTEE -AKA- IKAREPAC**

Mailing Address 444 NORTH CAPITOL ST NW  
SUITE 830

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00463539**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11C-CN127104**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL A**

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015

**Transaction ID : SA11C-CN127096**

Amount of Each Receipt this Period  
 1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL A**

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : SA11C-CN127144**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**LOWE'S COMPANIES INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1000 Lowe's Blvd

City State Zip Code  
 Mooresville NC 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127193**

Amount of Each Receipt this Period  
1000

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

Mailing Address One James Center  
901 E Cary St

City State Zip Code  
Richmond VA 23219

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : SA11C-CN127188**

Amount of Each Receipt this Period  
1500

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**MEDTRONIC INC. PAC**

Mailing Address 950 F Street NW  
Suite 500

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00311878**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : SA11C-CN127221**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**MERCK & CO. INC. EMPLOYEES POLITICAL ACTION COMM**

Mailing Address 601 Pennsylvania Ave NW  
North Building Suite 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127210**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A**

Mailing Address 1095 AVENUE OF THE AMERICAS

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

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

**Transaction ID : SA11C-CN127274**

Amount of Each Receipt this Period  
 1500

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 37 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOM**

Mailing Address 4121 WILSON BLVD.  
10th Floor

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127170**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF CHAIN DRUG STORES INC. POLITICAL ACTION COMMITTEE**

Mailing Address 413 N. Lee Street

City State Zip Code  
Alexandria DC 22314

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127177**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL AD**

Mailing Address 2901 Telstar Ct

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127166**

Amount of Each Receipt this Period  
1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (NAPHS/PAC)

**A.** Mailing Address 900 17TH STREET NW SUITE 420

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00107136

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11C-CN127182**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

**B.** Mailing Address 430 NORTH MICHIGAN AVENUE

City	State	Zip Code
Chicago	IL	60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000

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

**Transaction ID : SA11C-CN127259**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL AC

**C.** Mailing Address 1101 King St  
Suite 600

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500

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

**Transaction ID : SA11C-CN127292**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 39 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION**

Mailing Address 25 Massachusetts Ave NW  
Suite 100

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127206**

Amount of Each Receipt this Period  
5000

B. Full Name (Last, First, Middle Initial)  
**NATIONAL COMMUNITY PHARMACISTS ASSOCIATION**

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00030809**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127162**

Amount of Each Receipt this Period  
1500

C. Full Name (Last, First, Middle Initial)  
**NATIONAL COMMUNITY PHARMACISTS ASSOCIATION**

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00030809**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : SA11C-CN127186**

Amount of Each Receipt this Period  
1000

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 40 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL CONCRETE MASONRY ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **13750 SUNRISE VALLEY DRIVE**

City State Zip Code  
**Herndon VA 20171**

FEC ID number of contributing federal political committee. **C C00128975**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 19 2015**

Transaction ID : **SA11C-CN127124**

Amount of Each Receipt this Period  
**1000**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEM**

Mailing Address **PO Box 2995**

City State Zip Code  
**Cordova TN 38088**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **1000**

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

Transaction ID : **SA11C-CN127319**

Amount of Each Receipt this Period  
**1000**

C. Full Name (Last, First, Middle Initial)  
**NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLI**

Mailing Address **469 Hospital Dr Suite C**

City State Zip Code  
**Gastonia NC 28054**

FEC ID number of contributing federal political committee. **C C00405555**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 22 2015**

Transaction ID : **SA11C-CN127198**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional)..... **3000.00**  
**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: PAGE 41 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL FISHERIES INSTITUTE (FISHPAC)**

Mailing Address 7918 JONES BRANCH DRIVE  
SUITE 700

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C C00101204**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127272**

Amount of Each Receipt this Period  
1000

B. Full Name (Last, First, Middle Initial)  
**NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA)**

Mailing Address 1120 G STREET NW  
SUITE 900

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127266**

Amount of Each Receipt this Period  
1000

C. Full Name (Last, First, Middle Initial)  
**NATIONAL STONE SAND & GRAVEL ASSOCIATION ROCKPAC**

Mailing Address 1605 King St

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127325**

Amount of Each Receipt this Period  
1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION C**

Mailing Address 51 Madison Ave  
Room 1109

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : SA11C-CN127111**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)**

Mailing Address 1666 K Street NW  
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00473652

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127180**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1201 F ST NW  
SUITE 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11C-CN127127**

Amount of Each Receipt this Period  
1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial)  
**OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICAL ACTION COMMITTEE**

A. Mailing Address **1050 CONNECTICUT AVE NW STE 1100**

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee. **C C00368142**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000
---	--------------------------------------

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		18		2015

Transaction ID : **SA11C-CN127118**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

B. Full Name (Last, First, Middle Initial)  
**OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COM**

Mailing Address **500 OLD DOMINION WAY**

City	State	Zip Code
Thomasville	NC	27360

FEC ID number of contributing federal political committee. **C C00496836**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000
---	--------------------------------------

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		08		2015

Transaction ID : **SA11C-CN127167**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

C. Full Name (Last, First, Middle Initial)  
**OUTPATIENT OPHTHALMIC SURGERY SOCIETY POLITICAL ACTION COMMITTEE**

Mailing Address **701 8TH STREET NW  
SUITE 500**

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C C00217323**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500
---	--------------------------------------

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : **SA11C-CN127258**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500

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

\_\_\_\_\_ 3500.00

**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: PAGE 44 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**PFIZER INC. PAC**

Mailing Address 235 East 42nd St

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127176**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**PFIZER INC. PAC**

Mailing Address 235 East 42nd St

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000

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

**Transaction ID : SA11C-CN127263**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**PG&E CORPORATION EMPLOYEES ENERGYPAC**

Mailing Address 77 BEALE STREET MAIL CODE: B29H

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : SA11C-CN127105**

Amount of Each Receipt this Period  
1500

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 123  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial)  
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

**A.** Mailing Address 950 F STREET NW  
SUITE 300  
City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015  
**Transaction ID : SA11C-CN127168**

Amount of Each Receipt this Period  
1000

Full Name (Last, First, Middle Initial)  
PHILIPS ELECTRONICS NORTH AMERICA CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

**B.** Mailing Address 1050 K STREET NW  
SUITE 900  
City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015  
**Transaction ID : SA11C-CN127268**

Amount of Each Receipt this Period  
500

Full Name (Last, First, Middle Initial)  
**PIEDMONT NATURAL GAS PAC**

**C.** Mailing Address PO Box 33068  
City State Zip Code  
Charlotte NC 28233

FEC ID number of contributing federal political committee. **C** C00144824

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015  
**Transaction ID : SA11C-CN127113**

Amount of Each Receipt this Period  
1500

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**POWERPAC OF THE EDISON ELECTRIC INSTITUTE**

Mailing Address 701 PENNSYLVANIA AVENUE N W

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

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

**Transaction ID : SA11C-CN127273**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**PPL PEOPLE FOR GOOD GOVERNMENT**

Mailing Address TWO NORTH NINTH STREET GENTW2

City Allentown State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

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

**Transaction ID : SA11C-CN127275**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 1301 K Street NW Suite 800W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11C-CN127103**

Amount of Each Receipt this Period  
 2500

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

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

Mailing Address 1301 K Street NW  
Suite 800W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11C-CN127179**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**PRINTING INDUSTRIES OF AMERICA**

Mailing Address 601 13TH ST NW SUITE 350

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00018028**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127208**

Amount of Each Receipt this Period  
 1500

**C.** Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC**

Mailing Address P. O. BOX 718

City Winston Salem State NC Zip Code 27102

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

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

**Transaction ID : SA11C-CN127261**

Amount of Each Receipt this Period  
 2500

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**RITE AID CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 30 HUNTER LANE

City State Zip Code  
Camp Hill PA 17011

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127316**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Mailing Address 4800 W GATES PASS ROAD

City State Zip Code  
TUCSON AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

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

**Transaction ID : SA11C-CN127318**

Amount of Each Receipt this Period  
2000

**C.** Full Name (Last, First, Middle Initial)  
**SANOPI PASTEUR INC. POLITICAL ACTION COMMITTEE**

Mailing Address DISCOVERY DRIVE

City State Zip Code  
Swiftwater PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11C-CN127119**

Amount of Each Receipt this Period  
5000

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 49 OF 123  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**SCANA CORPORATION FEDERAL PAC**

Mailing Address 100 SCANA PKWY  
ATTN: MARK CANNON-C101

City Cayce State SC Zip Code 29033

FEC ID number of contributing federal political committee. **C C00200907**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2015**

**Transaction ID : SA11C-CN127169**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**SCANA CORPORATION FEDERAL PAC**

Mailing Address 100 SCANA PKWY  
ATTN: MARK CANNON-C101

City Cayce State SC Zip Code 29033

FEC ID number of contributing federal political committee. **C C00200907**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

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

**Transaction ID : SA11C-CN127265**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**SIEMENS CORPORATION PAC**

Mailing Address 300 New Jersey Ave NW  
Suite 1000

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

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

**Transaction ID : SA11C-CN127269**

Amount of Each Receipt this Period  
**2000**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**SMITH AND NEPHEW INC PAC**

Mailing Address 7135 GOODLETT FARMS PARKWAY

City State Zip Code  
Cordova TN 38016

FEC ID number of contributing federal political committee. **C C00374066**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11C-CN127106**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Mailing Address 3975 FAIR RIDGE DR.  
SUITE 400 NORTH

City State Zip Code  
Fairfax VA 22033

FEC ID number of contributing federal political committee. **C C00408435**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11C-CN127099**

Amount of Each Receipt this Period  
5000

**C.** Full Name (Last, First, Middle Initial)  
**SOUTHERN COMPANY - SOUTHERN NUCLEAR OPERATING COMPANY INC. PAC**

Mailing Address 42 INVERNESS CENTER

City State Zip Code  
BIRMINGHAM AL 35242

FEC ID number of contributing federal political committee. **C C00250407**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127276**

Amount of Each Receipt this Period  
1000

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 51 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS**

Mailing Address 7075 VETERANS BLVD.

City Burr Ridge State IL Zip Code 60527

FEC ID number of contributing federal political committee. **C C00349225**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11C-CN127102**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)**

Mailing Address 601 Pennsylvania Avenue NW  
Suite 800 North Bldg

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11C-CN127122**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**TEXAS INSTRUMENTS INCORPORATED POLITICAL ACTION COMMITTEE (TI PAC)**

Mailing Address PO BOX 742496

City Dallas State TX Zip Code 75374

FEC ID number of contributing federal political committee. **C C00007070**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN127322**

Amount of Each Receipt this Period  
 1000

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**THE AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Mailing Address **1 RIVERSIDE PLAZA - 26TH FLOOR**

City **Columbus** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00096842**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11C-CN127260**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COM**

Mailing Address **100 NE Adams Street**

City **Peoria** State **IL** Zip Code **61629**

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

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

**Transaction ID : SA11C-CN127257**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**TIME WARNER INC. PAC**

Mailing Address **800 CONNECTICUT AVE. NW  
SUITE 1200**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00339291**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 08 / 2015**

**Transaction ID : SA11C-CN127172**

Amount of Each Receipt this Period  
**1000**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address P. O. BOX 11586

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127212**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127192**

Amount of Each Receipt this Period  
2000

**C.** Full Name (Last, First, Middle Initial)  
**UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC**

Mailing Address 9800 FREDERICKSBURG ROAD

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**Transaction ID : SA11C-CN127117**

Amount of Each Receipt this Period  
1000

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED SURGICAL PARTNERS INTERNATIONAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address 15305 DALLAS PARKWAY SUITE 1600

City ADDISON State TX Zip Code 75001

FEC ID number of contributing federal political committee. **C** C00402073

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127195**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION C**

Mailing Address 1101 Pennsylvania Ave NW  
10th Floor

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11C-CN127171**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address 9900 Bren Road East

City Hopkins State MN Zip Code 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127199**

Amount of Each Receipt this Period  
 2500

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A. ZENECA INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address C/O ZENECA INC  
 1800 CONCORD PIKE PO BOX 15437  
 City State Zip Code  
 Wilmington DE 19850  
 FEC ID number of contributing federal political committee. **C C00279455**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11C-CN127271**  
 Amount of Each Receipt this Period  
 1500

**B. ABBVIE POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 N. WAUKEGAN ROAD  
 City State Zip Code  
 North Chicago IL 60064  
 FEC ID number of contributing federal political committee. **C C00536573**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11C-CN127174**  
 Amount of Each Receipt this Period  
 1000

**C. ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 CONNECTICUT AVE. NW  
 SUITE 480  
 City State Zip Code  
 Washington DC 20036  
 FEC ID number of contributing federal political committee. **C C00143560**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11C-CN127329**  
 Amount of Each Receipt this Period  
 1000

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**A.** Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

Transaction ID : SA11C-CN127142

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)

Mailing Address 1932 Wynnton Road

City State Zip Code  
Columbus GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

Transaction ID : SA11C-CN127108

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
AMEREN FEDERAL POLITICAL ACTION COMMITTEE (AMERENFED PAC)

Mailing Address 1331 PENNSYLVANIA AVE. NW  
SUITE 550S

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00206136

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

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

Transaction ID : SA11C-CN127330

Amount of Each Receipt this Period  
 1000

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

3000.00

**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)	PAGE 57 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITI**

Mailing Address 1445 NEW YORK AVENUE NW  
STE 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127204**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF NEUROLOGY BRAINPAC**

Mailing Address 509B 2nd St NE  
Lower Level

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

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

**Transaction ID : SA11C-CN127320**

Amount of Each Receipt this Period  
1500

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARAT**

Mailing Address 25 Massachusetts Ave NW  
Suite 550

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127163**

Amount of Each Receipt this Period  
5000

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC**

Mailing Address 25 MASSACHUSETTS AVE NW  
SUITE 700

City Washington State DC Zip Code 20001-7401

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11C-CN127120**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICA**

Mailing Address 1891 Preston White Dr

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

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

**Transaction ID : SA11C-CN127327**

Amount of Each Receipt this Period  
 5000

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Mailing Address 2200 LAKE BOULEVARD NE

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C** C00432823

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11C-CN127123**

Amount of Each Receipt this Period  
 3000

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PA)**

Mailing Address 1015 15th St NW  
Suite 802

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015

**Transaction ID : SA11C-CN127095**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 400 N. CAPITOL ST. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127175**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACT**

Mailing Address PO Box 66

City Dania State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : SA11C-CN127112**

Amount of Each Receipt this Period  
2000

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION C**

Mailing Address 1505 Prince St  
Suite 300

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

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

**Transaction ID : SA11C-CN127324**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN PETROLEUM INSTITUTE POLITICAL ACTION COMMITTEE (API PAC)**

Mailing Address 1220 L STREET NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00483677

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127264**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 2215 CONSTITUTION AVENUE NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2015

**Transaction ID : SA11C-CN127135**

Amount of Each Receipt this Period  
1000

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

**A.** Mailing Address 1111 North Fairfax St.

City: Alexandria State: VA Zip Code: 22314

FEC ID number of contributing federal political committee: **C** C00012880

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500

Date of Receipt: 06 / 29 / 2015

**Transaction ID : SA11C-CN127222**

Amount of Each Receipt this Period: 2500

Full Name (Last, First, Middle Initial)  
**AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL A**

**B.** Mailing Address 9312 Old Georgetown Rd

City: Bethesda State: MD Zip Code: 20814

FEC ID number of contributing federal political committee: **C** C00008839

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000

Date of Receipt: 06 / 30 / 2015

**Transaction ID : SA11C-CN127270**

Amount of Each Receipt this Period: 5000

Full Name (Last, First, Middle Initial)  
**AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COM**

**C.** Mailing Address 1300 MORRIS DRIVE SUITE 100

City: Malvern State: PA Zip Code: 19355

FEC ID number of contributing federal political committee: **C** C00400929

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000

Date of Receipt: 06 / 08 / 2015

**Transaction ID : SA11C-CN127183**

Amount of Each Receipt this Period: 5000

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 601 13th Street NW  
12th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

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

**Transaction ID : SA11C-CN127262**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**ARNOLD & PORTER LLP PARTNERS POLITICAL ACTION COMMITTEE**

Mailing Address 555 12TH STREET NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00216895**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11C-CN127256**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTI**

Mailing Address 4250 North Fairfax Dr  
9th Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : SA11C-CN127220**

Amount of Each Receipt this Period  
 2500

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 63 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T**

Mailing Address 208 S Akard St Ste 3521

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : SA11C-CN127141**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**BIOGEN IDEC POLITICAL ACTION COMMITTEE**

Mailing Address 133 BOSTON POST ROAD

City State Zip Code  
Weston MA 02493

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127164**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**BIOGEN IDEC POLITICAL ACTION COMMITTEE**

Mailing Address 133 BOSTON POST ROAD

City State Zip Code  
Weston MA 02493

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127211**

Amount of Each Receipt this Period  
1500

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)**

Mailing Address 1201 MARYLAND AVE SWSTE. 900

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127209**

Amount of Each Receipt this Period  
 5000

**B.** Full Name (Last, First, Middle Initial)  
**BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCACY FUND FOR INNOVATION**

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 325

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035675

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127207**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMIT**

Mailing Address 475 SOUTH TEGNER

City TURLOCK State CA Zip Code 95380

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

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

**Transaction ID : SA11C-CN127267**

Amount of Each Receipt this Period  
 2500

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**CELGENE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **86 MORRIS AVENUE**

City **Summit** State **NJ** Zip Code **07901**

FEC ID number of contributing federal political committee. **C C00514331**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : SA11C-CN127317**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address **1350 I Street NW  
Suite 590**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2015**

**Transaction ID : SA11C-CN127218**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1701 JFK Blvd  
49th Floor**

City **Philadelphia** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

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

**Transaction ID : SA11C-CN127321**

Amount of Each Receipt this Period  
**3000**

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

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

**5000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

Mailing Address 1770 KIRBY PKWY  
STE 400

City State Zip Code  
Germantown TN 38138

FEC ID number of contributing federal political committee. **C** C00383976

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11C-CN127125**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**COOK GROUP INC PAC**

Mailing Address 901 NEW YORK AVE NW  
THIRD FLOOR

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00399089

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : SA11C-CN127110**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**COVANTA ENERGY LLC POLITICAL ACTION COMMITTEE (COVANTA PAC)**

Mailing Address 445 SOUTH STREET

City State Zip Code  
Morristown NJ 07960

FEC ID number of contributing federal political committee. **C** C00142158

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : SA11C-CN127107**

Amount of Each Receipt this Period  
1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A. CUMMINS INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Avenue NW  
North Building Suite 625

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00377952**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127202**

Amount of Each Receipt this Period  
1000

**B. DEERE & COMPANY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address One John Deere Place

City Moline State IL Zip Code 61265

FEC ID number of contributing federal political committee. **C C00204099**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11C-CN127178**

Amount of Each Receipt this Period  
1000

**C. DOCTOR VOICE 4 PATIENT CHOICE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1123 STATE ROUTE 3 NORTH PMB 267

City Gambrills State MD Zip Code 21054

FEC ID number of contributing federal political committee. **C C00527796**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127201**

Amount of Each Receipt this Period  
1500

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A. DOMINION RESOURCES INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address One James River Plaza 20th Floor  
P.O. Box 26666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11C-CN127173**

Amount of Each Receipt this Period  
 2500

**B. DTE ENERGY CO. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address One Energy Plaza  
Room 1583 WCB

City Detroit State MI Zip Code 48226

FEC ID number of contributing federal political committee. **C C00081547**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015

**Transaction ID : SA11C-CN127097**

Amount of Each Receipt this Period  
 1500

**C. DUKE ENERGY CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 550 South Tryon St

City Charlotte State NC Zip Code 28202

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11C-CN127161**

Amount of Each Receipt this Period  
 1000

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 South Tryon St

City State Zip Code  
Charlotte NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11C-CN127165**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
Indianapolis IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11C-CN127126**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City State Zip Code  
SAINT LOUIS MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127323**

Amount of Each Receipt this Period  
1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127205**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 20503

City Indianapolis State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11C-CN127121**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F St. NW  
Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

**Transaction ID : SA11C-CN127187**

Amount of Each Receipt this Period  
 1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**FORD MOTOR COMPANY CIVIC ACTION FUND**

Mailing Address P.O. BOX 75000

City State Zip Code  
Detroit MI 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127197**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3435

City State Zip Code  
Alexandria VA 22302

FEC ID number of contributing federal political committee. **C** C00410068

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

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

**Transaction ID : SA11C-CN127293**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**GENENTECH INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1 DNA Way

City State Zip Code  
South San Francisco CA 94080

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127203**

Amount of Each Receipt this Period  
1500

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 72 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11C-CN127129**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : SA11C-CN127223**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**HALLIBURTON COMPANY PAC**

Mailing Address 801 17th St NW 10th Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127196**

Amount of Each Receipt this Period  
 1000

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 901 N. GLEBE ROAD  
SUITE 1000

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11C-CN127181**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
HOLOGIC GEN-PROBE INC PAC (HOLOGIC GEN-PROBE PAC)

Mailing Address 10210 GENETIC CENTER DRIVE

City San Diego State CA Zip Code 92121

FEC ID number of contributing federal political committee. **C** C00405100

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : SA11C-CN127194**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015

**Transaction ID : SA11C-CN127397**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 123
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

**Transaction ID : SA11C-CN127191**

Amount of Each Receipt this Period  
2500

**B. HUMANA INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 975 F STREET NW  
SUITE 550

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11C-CN127200**

Amount of Each Receipt this Period  
2000

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

4500.00

199500.00

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

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

FOR LINE NUMBER: PAGE 75 OF 123  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**2015 SXSW GOP COMMITTEE**

Mailing Address **2470 DANIELS BRIDGE RD**  
**STE 121**

City **Athens** State **GA** Zip Code **30606**

FEC ID number of contributing federal political committee. **C C00572131**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

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

**Transaction ID : SA12-T11010**

Amount of Each Receipt this Period  
**500**

Transfer In Affiliated

**B.** Full Name (Last, First, Middle Initial)  
**INTEL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1155 F Street NW #1025**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00125641**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2015**

**Transaction ID : SA12-T11010-1**

Amount of Each Receipt this Period  
**500**

Transfer In Affiliated

**[MEMO ITEM]**  
**2015 SXSW GOP COMMITTEE**

**C.** Full Name (Last, First, Middle Initial)  
**2015 SXSW GOP COMMITTEE**

Mailing Address **2470 DANIELS BRIDGE RD**  
**STE 121**

City **Athens** State **GA** Zip Code **30606**

FEC ID number of contributing federal political committee. **C C00572131**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **807.8**

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

**Transaction ID : SA12-T11011**

Amount of Each Receipt this Period  
**307.8**

Transfer In Affiliated

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

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

**807.80**

**807.80**

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

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

FOR LINE NUMBER: PAGE 76 OF 123  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Smart Media Group**

Mailing Address 1427 Leslie Ave

City Alexandria State VA Zip Code 22301

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4553.55

Date of Receipt  
 /  /

**Transaction ID : SA14-ER27**

Amount of Each Receipt this Period  
4553.55

Expenditure Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

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

4553.55

4553.55

**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 77 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Snyder Interactive LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 1524 Hanover Street		Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 5000.00
City Raleigh	State NC Zip Code 27608	
Purpose of Disbursement Media Consulting	Category/Type 001	<b>Transaction ID : SB17-EX2533</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Media Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Al Lytton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 106 S Lumber St		Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 2075.00
City Nashville	State NC Zip Code 27856	
Purpose of Disbursement Management Consulting	Category/Type 001	<b>Transaction ID : SB17-EX2501</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Management Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Al Lytton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 106 S Lumber St		Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 2075.00
City Nashville	State NC Zip Code 27856	
Purpose of Disbursement Management Consulting	Category/Type 001	<b>Transaction ID : SB17-EX2541</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Management Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Al Lytton</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 106 S Lumber St		Amount of Each Disbursement this Period 2075.00
City Nashville	State NC	Zip Code 27856
Purpose of Disbursement Management Consulting	Category/Type 001	
Candidate Name		<b>Transaction ID : SB17-EX2590</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Management Consulting	

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 83.32
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Online Services	Category/Type 001	
Candidate Name		<b>Transaction ID : SB17-EX2488</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Online Services	

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 41.66
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Online Services	Category/Type 001	
Candidate Name		<b>Transaction ID : SB17-EX2538</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Online Services	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2199.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 41.66
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Online Services	Category/Type 001	<b>Transaction ID : SB17-EX2581</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Online Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CM&amp;Co LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 3689.52
City Raleigh	State NC Zip Code 27624	
Purpose of Disbursement Accounting Services	Category/Type 001	<b>Transaction ID : SB17-EX2489</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CM&amp;Co LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 3610.52
City Raleigh	State NC Zip Code 27624	
Purpose of Disbursement Accounting Services	Category/Type 001	<b>Transaction ID : SB17-EX2502</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Accounting Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7341.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. CM&amp;Co LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 3519.28
City Raleigh	State NC Zip Code 27624	
Purpose of Disbursement Accounting Services	Category/Type 001	<b>Transaction ID : SB17-EX2542</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CM&amp;Co LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 3532.31
City Raleigh	State NC Zip Code 27624	
Purpose of Disbursement Accounting Services	Category/Type 001	<b>Transaction ID : SB17-EX2591</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Metro Mailing &amp; Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 109 Winona St.		Amount of Each Disbursement this Period -864.17
City Charlotte	State NC Zip Code 28203	
Purpose of Disbursement Void Stale Dated Check	Category/Type 001	<b>Transaction ID : SB17-EX2650</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Void Stale Dated Check
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6187.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Metro Mailing &amp; Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 109 Winona St.			Amount of Each Disbursement this Period 864.17
City Charlotte	State NC	Zip Code 28203	Transaction ID : SB17-EX2497
Purpose of Disbursement Printing & Postage		001 Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing & Postage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Metro Mailing &amp; Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 109 Winona St.			Amount of Each Disbursement this Period 412.09
City Charlotte	State NC	Zip Code 28203	Transaction ID : SB17-EX2521
Purpose of Disbursement Printing & Postage		001 Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing & Postage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Metro Mailing &amp; Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 109 Winona St.			Amount of Each Disbursement this Period 1090.54
City Charlotte	State NC	Zip Code 28203	Transaction ID : SB17-EX2544
Purpose of Disbursement Printing & Postage		001 Category/ Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing & Postage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2366.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Metro Mailing &amp; Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 109 Winona St.			Amount of Each Disbursement this Period 475.78
City Charlotte	State NC	Zip Code 28203	Transaction ID : <b>SB17-EX2593</b>
Purpose of Disbursement Printing & Postage		001 Category/ Type	
Candidate Name			Printing & Postage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 9.97
City Palo Alta	State CA	Zip Code 94301	Transaction ID : <b>SB17-EX2522</b>
Purpose of Disbursement Online Advertising		001 Category/ Type	
Candidate Name			Online Advertising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 25.00
City Palo Alta	State CA	Zip Code 94301	Transaction ID : <b>SB17-EX2572</b>
Purpose of Disbursement Online Advertising		001 Category/ Type	
Candidate Name			Online Advertising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	510.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Marriott</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1700 Jefferson Davis Hwy		Amount of Each Disbursement this Period 383.54
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Lodging	<b>Transaction ID : SB17-EX2586</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Lodging
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marriott</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1700 Jefferson Davis Hwy		Amount of Each Disbursement this Period 181.02
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Lodging	<b>Transaction ID : SB17-EX2587</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Lodging
State: District:		

Full Name (Last, First, Middle Initial) <b>c. O3 Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address PO Box 25363		Amount of Each Disbursement this Period 75.00
City Raleigh	State NC	
Zip Code 27611	Purpose of Disbursement Web Hosting Services	<b>Transaction ID : SB17-EX2491</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Web Hosting Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	639.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. O3 Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address PO Box 25363		Amount of Each Disbursement this Period 75.00
City Raleigh	State NC	
Zip Code 27611	Purpose of Disbursement Web Hosting Services	<b>Transaction ID : SB17-EX2545</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Web Hosting Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. O3 Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 25363		Amount of Each Disbursement this Period 75.00
City Raleigh	State NC	
Zip Code 27611	Purpose of Disbursement Web Hosting Services	<b>Transaction ID : SB17-EX2594</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Web Hosting Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 1925.92
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<b>Transaction ID : SB17-EX2496</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food/Beverage
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2075.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 123		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 411.25 Transaction ID : SB17-EX2495
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Food/Beverage

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 142.73 Transaction ID : SB17-EX2563
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Food/Beverage

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 155.58 Transaction ID : SB17-EX2610
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Food/Beverage

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	411.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 2597.78
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	Transaction ID : SB17-EX2611
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food/Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Bank</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2015
Mailing Address 500 Virginia St E		Amount of Each Disbursement this Period 43.50
City Charleston	State WV	
Zip Code 25322	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17-EX2631
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Merchant Fees
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Bank</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 500 Virginia St E		Amount of Each Disbursement this Period 8.84
City Charleston	State WV	
Zip Code 25322	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17-EX2632
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Merchant Fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2650.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. United Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 500 Virginia St E		Amount of Each Disbursement this Period 44.72
City Charleston	State WV Zip Code 25322	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type 001	<b>Transaction ID : SB17-EX2633</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Merchant Fees
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 500 Virginia St E		Amount of Each Disbursement this Period 8.74
City Charleston	State WV Zip Code 25322	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type 001	<b>Transaction ID : SB17-EX2634</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Merchant Fees
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 500 Virginia St E		Amount of Each Disbursement this Period 43.50
City Charleston	State WV Zip Code 25322	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type 001	<b>Transaction ID : SB17-EX2635</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Merchant Fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	96.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. United Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 500 Virginia St E		Amount of Each Disbursement this Period 8.90
City Charleston	State WV	
Zip Code 25322	Purpose of Disbursement Credit Card Merchant Fees	<b>Transaction ID : SB17-EX2636</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Merchant Fees
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Direct Mail Processors Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1150 Conrad Court		Amount of Each Disbursement this Period 234.26
City Hagerstown	State MD	
Zip Code 21740	Purpose of Disbursement Direct Mail Services	<b>Transaction ID : SB17-EX2637</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Direct Mail Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. MDI Imaging And Mail</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2015
Mailing Address 21955 Cascades Parkway		Amount of Each Disbursement this Period 1110.96
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Services	<b>Transaction ID : SB17-EX2638</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Direct Mail Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1354.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015		
Mailing Address 140 West St.			Amount of Each Disbursement this Period 316.26		
City New York	State NY	Zip Code 10036	Transaction ID : SB17-EX2493		
Purpose of Disbursement Phone Services		Category/ Type 001	Phone Services		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015		
Mailing Address 140 West St.			Amount of Each Disbursement this Period 293.16		
City New York	State NY	Zip Code 10036	Transaction ID : SB17-EX2499		
Purpose of Disbursement Phone Service		Category/ Type 001	Phone Service		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015		
Mailing Address 140 West St.			Amount of Each Disbursement this Period 278.39		
City New York	State NY	Zip Code 10036	Transaction ID : SB17-EX2570		
Purpose of Disbursement Phone Service		Category/ Type 001	Phone Service		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	887.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 140 West St.		Amount of Each Disbursement this Period 317.27
City New York	State NY	
Purpose of Disbursement Phone Service	Zip Code 10036	Phone Service
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. North Carolina Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address Post Office Box 25000		Amount of Each Disbursement this Period 453.00
City Raleigh	State NC	
Purpose of Disbursement Payroll Taxes	Zip Code 27640	Payroll Taxes
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. North Carolina Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address Post Office Box 25000		Amount of Each Disbursement this Period 453.00
City Raleigh	State NC	
Purpose of Disbursement Payroll Taxes	Zip Code 27640	Payroll Taxes
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1223.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 1500 Pennsylvania Avenue Northwes			Amount of Each Disbursement this Period 2956.50
City Washington	State DC	Zip Code 20229	
Purpose of Disbursement Payroll Taxes	Candidate Name		<b>Transaction ID : SB17-EX2524</b>
	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Payroll Taxes
State: District:			

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 1500 Pennsylvania Avenue Northwes			Amount of Each Disbursement this Period 2956.50
City Washington	State DC	Zip Code 20229	
Purpose of Disbursement Payroll Taxes	Candidate Name		<b>Transaction ID : SB17-EX2578</b>
	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Payroll Taxes
State: District:			

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 1500 Pennsylvania Avenue Northwes			Amount of Each Disbursement this Period 2956.50
City Washington	State DC	Zip Code 20229	
Purpose of Disbursement Paryroll Taxes	Candidate Name		<b>Transaction ID : SB17-EX2620</b>
	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Paryroll Taxes
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8869.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 565.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	<b>Transaction ID : SB17-EX2548</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Airfare
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 231.90
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	<b>Transaction ID : SB17-EX2600</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Airfare
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Duke Mansion</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 400 Hermitage Road		Amount of Each Disbursement this Period 378.69
City Charlotte	State NC	
Zip Code 28207	Purpose of Disbursement Site Fee/Catering	<b>Transaction ID : SB17-EX2597</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Site Fee/Catering
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1175.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 570.20
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17-EX2539</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Airfare
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 406.20
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17-EX2540</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Airfare
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 96.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17-EX2588</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Airfare
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1072.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>			Date of Disbursement MM / DD / YYYY 06 / 10 / 2015	
Mailing Address 4000 E. Sky Harbor Blvd			Amount of Each Disbursement this Period 200.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : SB17-EX2589	
Purpose of Disbursement Airfare		Category/ Type 001		
Candidate Name		Airfare		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 01 / 2015	
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 216.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : SB17-EX2535	
Purpose of Disbursement Airfare		Category/ Type 001		
Candidate Name		Airfare		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 01 / 2015	
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 216.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : SB17-EX2536	
Purpose of Disbursement Airfare		Category/ Type 001		
Candidate Name		Airfare		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	632.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 123		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. CreateSend.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 10 Pinnacle Rd		Amount of Each Disbursement this Period 5.36
City Durham	State NC	
Zip Code 27705	Purpose of Disbursement Email Services	<b>Transaction ID : SB17-EX2525</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CreateSend.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 10 Pinnacle Rd		Amount of Each Disbursement this Period 178.80
City Durham	State NC	
Zip Code 27705	Purpose of Disbursement Email Services	<b>Transaction ID : SB17-EX2526</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. CreateSend.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 10 Pinnacle Rd		Amount of Each Disbursement this Period 3.60
City Durham	State NC	
Zip Code 27705	Purpose of Disbursement Email Services	<b>Transaction ID : SB17-EX2530</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	187.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. CreateSend.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 10 Pinnacle Rd		Amount of Each Disbursement this Period 120.00
City Durham	State NC	
Zip Code 27705	Purpose of Disbursement Email Services	<b>Transaction ID : SB17-EX2531</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CreateSend.com</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 10 Pinnacle Rd		Amount of Each Disbursement this Period 298.80
City Durham	State NC	
Zip Code 27705	Purpose of Disbursement Email Services	<b>Transaction ID : SB17-EX2576</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. CreateSend.com</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 10 Pinnacle Rd		Amount of Each Disbursement this Period 8.96
City Durham	State NC	
Zip Code 27705	Purpose of Disbursement Email Services	<b>Transaction ID : SB17-EX2630</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	427.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO Box 85431		Amount of Each Disbursement this Period 366.62
City Baton Rouge	State LA	
Purpose of Disbursement Merchant Services	Zip Code 70884	Merchant Services
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO Box 85431		Amount of Each Disbursement this Period 26.35
City Baton Rouge	State LA	
Purpose of Disbursement Merchant Services	Zip Code 70884	Merchant Services
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dunn Storage &amp; Mini--Warehouse LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 910 South Clinton Ave		Amount of Each Disbursement this Period 35.00
City Dunn	State NC	
Purpose of Disbursement Storage	Zip Code 28334	Storage
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	427.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Dunn Storage &amp; Mini--Warehouse LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 910 South Clinton Ave			Amount of Each Disbursement this Period 35.00
City Dunn	State NC	Zip Code 28334	
Purpose of Disbursement Storage		Category/ Type 001	<b>Transaction ID : SB17-EX2543</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Storage
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 7.68
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation		Category/ Type 001	<b>Transaction ID : SB17-EX2519</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 8.17
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation		Category/ Type 001	<b>Transaction ID : SB17-EX2529</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 16.43
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2550</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 10.25
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2552</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 23.67
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2553</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 6.46
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2554</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 15.19
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2555</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 7.12
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2556</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 54.93
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2557</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 12.67
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2558</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 10.45
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2559</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	78.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 12.99
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name		<b>Transaction ID : SB17-EX2560</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type 001		Transportation

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 6.74
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name		<b>Transaction ID : SB17-EX2561</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type 001		Transportation

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 20.48
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name		<b>Transaction ID : SB17-EX2562</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type 001		Transportation

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 13.52
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name		<b>Transaction ID : SB17-EX2567</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type 001		Transportation

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 15.52
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name		<b>Transaction ID : SB17-EX2568</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type 001		Transportation

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 182 Howard St Ste 8			Amount of Each Disbursement this Period 11.89
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name		<b>Transaction ID : SB17-EX2569</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type 001		Transportation

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 12.29
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2582</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 7.25
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2583</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2584</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 10.95
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2585</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 7.66
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2598</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 12.22
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2599</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 17.40
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2601</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 20.21
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2602</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 15.90
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2609</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 7.13
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2612</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transportation
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 15.75
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2613</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transportation
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 10.45
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2614</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transportation
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 123			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period ..... 10.53
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2616</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period ..... 7.26
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2621</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period ..... 15.03
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2622</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transportation
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 32.82
<b>TOTAL</b> This Period (last page this line number only).....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 10.74
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2623</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transportation
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 6.89
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2624</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transportation
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 11.40
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2625</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transportation
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 8.64
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2626</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transportation

Full Name (Last, First, Middle Initial) <b>B. Uber Technology</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 182 Howard St Ste 8		Amount of Each Disbursement this Period 13.27
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type 001	<b>Transaction ID : SB17-EX2627</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transportation

Full Name (Last, First, Middle Initial) <b>c. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 499 S Capitol St SW STE 420		Amount of Each Disbursement this Period 46594.77
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising Consulting Catering Shipping	Category/Type 001	<b>Transaction ID : SB17-EX2504</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Fundraising Consulting Catering Shipping

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46616.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 123			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 499 S Capitol St SW STE 420		Amount of Each Disbursement this Period 5340.17
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting Catering Shipping	Transaction ID : SB17-EX2547
Candidate Name	Category/Type 001	Fundraising Consulting Catering Shipping
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Sebastian</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 5113 Shamrock Dr		Amount of Each Disbursement this Period 614.49
City Raleigh State NC Zip Code 27612	Purpose of Disbursement Food/Beverage Mileage Postage	Transaction ID : SB17-EX2492
Candidate Name	Category/Type 001	Food/Beverage Mileage Postage
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 311 New Bern Ave		Amount of Each Disbursement this Period 257.50
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Postage	Transaction ID : SB17-EX2644
Candidate Name	Category/Type 001	[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5954.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Patrick Sebastian</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 5113 Shamrock Dr		Amount of Each Disbursement this Period 5740.75
City Raleigh	State NC	
Zip Code 27612	Purpose of Disbursement Salary	<b>Transaction ID : SB17-EX2527</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Sebastian</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 5113 Shamrock Dr		Amount of Each Disbursement this Period 634.05
City Raleigh	State NC	
Zip Code 27612	Purpose of Disbursement Mileage Food/Beverage Phone Services	<b>Transaction ID : SB17-EX2546</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Mileage Food/Beverage Phone Services
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 208 S Akard St		Amount of Each Disbursement this Period 112.78
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Phone Services	<b>Transaction ID : SB17-EX2645</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6374.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Patrick Sebastian</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2015
Mailing Address 5113 Shamrock Dr		Amount of Each Disbursement this Period 5740.75
City Raleigh	State NC	
Zip Code 27612	Purpose of Disbursement Salary	<b>Transaction ID : SB17-EX2574</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Sebastian</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 5113 Shamrock Dr		Amount of Each Disbursement this Period 1965.19
City Raleigh	State NC	
Zip Code 27612	Purpose of Disbursement Mileage Food/Beverage Lodging Phone Services	<b>Transaction ID : SB17-EX2595</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Mileage Food/Beverage Lodging Phone Services
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 208 S Akard St		Amount of Each Disbursement this Period 157.09
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Phone Services	<b>Transaction ID : SB17-EX2646</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7705.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Marriott</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1700 Jefferson Davis Hwy		Amount of Each Disbursement this Period 408.16
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Lodging	Transaction ID : SB17-EX2647
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Morehead Inn</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1122 E Morehead St		Amount of Each Disbursement this Period 297.34
City Charlotte	State NC	
Zip Code 28204	Purpose of Disbursement Lodging	Transaction ID : SB17-EX2648
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aimee Rosen</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 120 Lockwood West		Amount of Each Disbursement this Period 50.00
City Cary	State NC	
Zip Code 27518	Purpose of Disbursement Website Services	Transaction ID : SB17-EX2619
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Website Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 123			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Connect Strategic Communications LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address PO Box 141251			Amount of Each Disbursement this Period 1795.29
City Dallas	State TX	Zip Code 75214	
Purpose of Disbursement Advertising	Candidate Name		<b>Transaction ID : SB17-EX2580</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		Advertising

Full Name (Last, First, Middle Initial) <b>B. Heather Dickson</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 520 Mills Street			Amount of Each Disbursement this Period 7000.00
City Raleigh	State NC	Zip Code 27608	
Purpose of Disbursement Fundraising Consulting	Candidate Name		<b>Transaction ID : SB17-EX2498</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		Fundraising Consulting

Full Name (Last, First, Middle Initial) <b>c. MDesign Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 501 Ferncliff Drive			Amount of Each Disbursement this Period 731.25
City Vidalia	State GA	Zip Code 30474	
Purpose of Disbursement Graphic Design Services	Candidate Name		<b>Transaction ID : SB17-EX2505</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		Graphic Design Services

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9526.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Bearnaise Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 315 Pennsylvania Ave SE		Amount of Each Disbursement this Period 463.19
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Food/Beverage	Category/Type 001	<b>Transaction ID : SB17-EX2549</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food/Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Israel Public Affairs Committeee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 251 H Street NW		Amount of Each Disbursement this Period 264.20
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Event Food/Beverage	Category/Type 001	<b>Transaction ID : SB17-EX2579</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Event Food/Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>C. I360 LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 37046		Amount of Each Disbursement this Period 900.00
City Baltimore	State MD Zip Code 21297	
Purpose of Disbursement Software	Category/Type 001	<b>Transaction ID : SB17-EX2592</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Software
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1627.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 123	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Sheryl's Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 712		Amount of Each Disbursement this Period 936.68
City Benson	State NC Zip Code 27504	
Purpose of Disbursement Catering	Category/Type 001	<b>Transaction ID : SB17-EX2596</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Catering
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pinehurst Lodging</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address 80 Carolina Vista Drive		Amount of Each Disbursement this Period 1000.00
City Pinehurst	State NC Zip Code 28374	
Purpose of Disbursement Lodging	Category/Type 001	<b>Transaction ID : SB17-EX2615</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Lodging
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1936.68
<b>TOTAL</b> This Period (last page this line number only).....	130177.70

**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 118 OF 123	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 20 / 2015</b>
Mailing Address <b>320 First Street SE</b>		Amount of Each Disbursement this Period <b>20000.00</b> Transaction ID : <b>SB21-EX2500</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name <b>National Republican Congressional Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NORTH CAROLINA REPUBLICAN PARTY - FEDERAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 20 / 2015</b>
Mailing Address <b>1506 HILLSBOROUGH STREET</b>		Amount of Each Disbursement this Period <b>75.00</b> Transaction ID : <b>SB21-EX2503</b>
City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27605</b>	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name <b>NORTH CAROLINA REPUBLICAN PARTY - FEDERAL</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NORTH CAROLINA REPUBLICAN PARTY - FEDERAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2015</b>
Mailing Address <b>1506 HILLSBOROUGH STREET</b>		Amount of Each Disbursement this Period <b>75.00</b> Transaction ID : <b>SB21-EX2575</b>
City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27605</b>	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name <b>NORTH CAROLINA REPUBLICAN PARTY - FEDERAL</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>20150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 123	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Wake County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 1205 Riggins Mill Rd		Amount of Each Disbursement this Period 700.00
City Cary	State NC Zip Code 27519	
Purpose of Disbursement Non-Federal Donation	Category/Type 012	<b>Transaction ID : SB21-EX2532</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Non-Federal Donation

Full Name (Last, First, Middle Initial) <b>B. MIKE BOST FOR CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address PO Box 1212		Amount of Each Disbursement this Period 500.00
City Murphysboro	State IL Zip Code 62966	
Purpose of Disbursement Contribution	Category/Type 011	<b>Transaction ID : SB21-EX2649</b>
Candidate Name <b>Michael Bost</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 12	Contribution

Full Name (Last, First, Middle Initial) <b>C. CARLOS CURBELO CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 8770 SW 72ND ST		Amount of Each Disbursement this Period 500.00
City MIAMI	State FL Zip Code 33173	
Purpose of Disbursement Contribution	Category/Type 011	<b>Transaction ID : SB21-EX2508</b>
Candidate Name <b>CARLOS CURBELO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 123	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. DOLD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address PO BOX 6312		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2509</b>
City LIBERTYVILLE	State IL	
Zip Code 60048	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>ROBERT JAMES JR DOLD</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 10		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF FRANK GUINTA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2510</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>FRANK GUINTA</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH District: 01		

Full Name (Last, First, Middle Initial) <b>C. CRESENT HARDY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address PO BOX 753941		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2511</b>
City LAS VEGAS	State NV	
Zip Code 89136	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>CRESENT HARDY</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 123	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. HURD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2015
Mailing Address PO BOX 761029		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2512</b>
City SAN ANTONIO	State TX	
Zip Code 78245	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>WILLIAM HURD</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District: 23	

Full Name (Last, First, Middle Initial) <b>B. KATKO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2015
Mailing Address PO Box 133		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2514</b>
City Camillus	State NY	
Zip Code 13031	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>JOHN M KATKO</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>C. MCSALLY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2015
Mailing Address PO BOX 19128		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2515</b>
City TUCSON	State AZ	
Zip Code 85731	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>Martha E McSally</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 123	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. POLIQUIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address PO BOX 50		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2516</b>
City OAKLAND	State ME	
Zip Code 04963	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>BRUCE L POLIQUIN</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>B. VALADAO FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 5132 N PALM AVE #227		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2517</b>
City FRESNO	State CA	
Zip Code 93704	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>DAVID VALADAO</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 21	

Full Name (Last, First, Middle Initial) <b>C. YOUNG FOR IOWA INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21-EX2518</b>
City VAN METER	State IA	
Zip Code 50261	Purpose of Disbursement Contribution	Contribution
Candidate Name <b>DAVID YOUNG</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 123	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Renee Ellmers for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. ZELDIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 22 / 2015</b>
Mailing Address <b>47 FLINTLOCK DRIVE</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>SHIRLEY</b> State <b>NY</b> Zip Code <b>11697</b>	Purpose of Disbursement Contribution	<b>Transaction ID : SB21-EX2520</b>
Candidate Name <b>LEE M ZELDIN</b>	Category/ Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>26850.00</b>