

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Republican Party

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="69565.27"/> | <input type="text" value="69565.27"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="69565.27"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="133813.97"/> | <input type="text" value="133813.97"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="203379.24"/> | <input type="text" value="203379.24"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="113632.96"/> | <input type="text" value="113632.96"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="89746.28"/> | <input type="text" value="89746.28"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="20379.30"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Carolina Republican Party

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 52800.00 | 52800.00 |
| (ii) Unitemized | 38467.86 | 38467.86 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 91267.86 | 91267.86 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 91267.86 | 91267.86 |
| 12. Transfers From Affiliated/Other Party Committees..... | 37962.81 | 37962.81 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 2276.01 | 2276.01 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 2307.29 | 2307.29 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 2307.29 | 2307.29 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 133813.97 | 133813.97 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 131506.68 | 131506.68 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 613.33 | 613.33 |
| (ii) Non-Federal Share..... | 2307.29 | 2307.29 |
| (b) Other Federal Operating Expenditures | 110712.34 | 110712.34 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 113632.96 | 113632.96 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 113632.96 | 113632.96 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 111325.67 | 111325.67 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 91267.86 | 91267.86 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 91267.86 | 91267.86 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 111325.67 | 111325.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 2276.01 | 2276.01 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 109049.66 | 109049.66 |

: 97 `A =G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A =N5 H=CB

Form/Schedule: F3XN
Transaction ID :

Administrative expenses do not include rent payments because the North Carolina Republican Party owns the building located at 1506 Hillsborough Street, Raleigh, NC from where our business is conducted. Our Best efforts procedure for obtaining employer and occupation information complies with the Federal Election Commissions regulations. Our original solicitation requests the contributors name, address, employer and occupation and states that this request is a requirement of federal law. If we dont obtain the information, we send a letter within 30 days requesting the employer and occupation information. When the requested information is received, it is entered into the contributors record and noted on the next months FEC report. Utility payments such as City of Raleigh, Duke Energy and Time Warner Cable are no longer an allocated expense because a new state law effective January 1, 2014 was passed to allow utilities to be paid out of our Building Fund account. The postage for the Business Reply Mail account is the cost of self-addressed stamped envelopes that were mailed with the direct mail and telemarketing solicitations. The expenditures to Neopost were for postage on the postage meter which is used in the office. The expenditures for Generic Donor/Prospect Direct Mail and Generic Telemarketing Donors were solicitations of contributions for party fundraising. The Food for NCGOP Fundraising Event and Print NCGOP Fundraising Invitations were costs associated with Party building fundraising events and were not made on behalf of any specifically identified federal candidate. The mileage and travel expense reimbursements were reimbursements to staff members for travel throughout the state. Some of the amounts reimbursed to staff members do not print on the FEC report because the vendors are below the \$200 per year itemization level.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Robert Almquist

Mailing Address 4527 Magnolia Bridge Road

City State Zip Code
 Charlotte NC 28210-4337

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

Name of Employer Occupation
 Carmel Family Physicians Family Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : 40124.C404032

Amount of Each Receipt this Period
 500.00

Receipt

Full Name (Last, First, Middle Initial)
B. Nancy Anderson

Mailing Address 13624 Providence Road

City State Zip Code
 Matthews NC 28104-9368

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

Name of Employer Occupation
 Self Farming

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2014
Transaction ID : 40124.C404413

Amount of Each Receipt this Period
 250.00

Receipt

Full Name (Last, First, Middle Initial)
C. Matt Arnold

Mailing Address 9100 Holly Hill Farm Rd

City State Zip Code
 Charlotte NC 28277-9300

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

Name of Employer Occupation
 Arnold & Smith Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 40217.C404689

Amount of Each Receipt this Period
 500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Franc Barada

Mailing Address 15 Beverly Drive

City State Zip Code
 Durham NC 27707-2223

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

Name of Employer Occupation
 Triangle Orthopaedic Associate Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : 40114.C403788

Amount of Each Receipt this Period
 500.00

Receipt

Full Name (Last, First, Middle Initial)
B. William Barnett

Mailing Address 2813 Market Bridge Lane
 Unit 302

City State Zip Code
 Raleigh NC 27608-1391

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

Name of Employer Occupation
 Barnett Properties Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : 40124.C404028

Amount of Each Receipt this Period
 250.00

Receipt

Full Name (Last, First, Middle Initial)
C. James Bolt

Mailing Address 4733 Cambridge Crescent Drive

City State Zip Code
 Charlotte NC 28226-3324

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

Name of Employer Occupation
 Bank of NC Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : 40124.C404011

Amount of Each Receipt this Period
 250.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. James Brewer

Mailing Address 5320 Mirabell Road

City State Zip Code
Charlotte NC 28226-6496

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

Name of Employer Occupation
The Brewer Group Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 40217.C404690

Amount of Each Receipt this Period
250.00

Receipt

Full Name (Last, First, Middle Initial)
B. Catherine Carstarphen

Mailing Address 201 Mockingbird Lane

City State Zip Code
Mc Adenville NC 28101

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

Name of Employer Occupation
Self Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2014
Transaction ID : 40124.C404276

Amount of Each Receipt this Period
500.00

Receipt

Full Name (Last, First, Middle Initial)
C. Catherine Carstarphen

Mailing Address 201 Mockingbird Lane

City State Zip Code
Mc Adenville NC 28101

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

Name of Employer Occupation
Self Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2014
Transaction ID : 40124.C404381

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Catherine Carstarphen

Mailing Address 201 Mockingbird Lane

City State Zip Code
Mc Adenville NC 28101

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

Name of Employer Occupation
Self Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
01 / 27 / 2014

Transaction ID : 40127.C404477

Amount of Each Receipt this Period
100.00

Receipt

Full Name (Last, First, Middle Initial)
B. John Cato

Mailing Address 8100 Denmark Road
PO Box 34216

City State Zip Code
Charlotte NC 28273

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

Name of Employer Occupation
Cato Corporation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
01 / 17 / 2014

Transaction ID : 40124.C404050

Amount of Each Receipt this Period
2500.00

Receipt

Full Name (Last, First, Middle Initial)
C. John Chalk

Mailing Address 2223 Croydon Road Apt 402

City State Zip Code
Charlotte NC 28207-2551

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

Name of Employer Occupation
Self Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 20 / 2014

Transaction ID : 40124.C404277

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ **2850.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 11 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Thomas Chandler | | Date of Receipt |
| Mailing Address 5348 South NC 62 | | <input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Burlington | NC | 27215 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 40114.C403619 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer | Occupation | Receipt |
| Retired | Concrete Producer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. John Clark | | Date of Receipt |
| Mailing Address 205 Fox Lake Drive | | <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Clinton | NC | 28328-3107 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 40130.C404640 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | Receipt |
| Sampson-Bladen Oil Co., Inc | Marketing | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. John Coley | | Date of Receipt |
| Mailing Address 517 Chrismill Lane | | <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Holly Springs | NC | 27540 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 40130.C404636 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="2000.00"/> |
| Name of Employer | Occupation | Receipt |
| Bryan Properties Inc. | Real Estate | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="2000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="2750.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Charles Cooke
Full Name (Last, First, Middle Initial)
Mailing Address 1801 Azalea Dr
City Wilmington State NC Zip Code 28403-4801
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Financial Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2014**
Transaction ID : 40130.C404630
Amount of Each Receipt this Period **250.00**
Receipt

B. Jessie Daughety
Full Name (Last, First, Middle Initial)
Mailing Address 772 Central Avenue
City Kinston State NC Zip Code 28504-6248
FEC ID number of contributing federal political committee. **C**
Name of Employer Lenoir County Occupation Commissioner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 24 / 2014**
Transaction ID : 40127.C404446
Amount of Each Receipt this Period **500.00**
Receipt

C. Vincent DeBenedetto
Full Name (Last, First, Middle Initial)
Mailing Address 4445 Lake Flower Drive
City Holly Springs State NC Zip Code 27540
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Real Estate Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 02 / 2014**
Transaction ID : 40114.C403562
Amount of Each Receipt this Period **1000.00**
Receipt

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 13 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Joseph Dunn

Mailing Address 12431 Canolder Street

City Raleigh State NC Zip Code 27614-8822

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

Name of Employer: Dunn Well LLC Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 01 / 28 / 2014
Transaction ID : 40130.C404639

Amount of Each Receipt this Period: 2000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Abigail Edwards

Mailing Address 305 East Oliver Street

City Whiteville State NC Zip Code 28472-2837

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

Name of Employer: Self Occupation: Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 01 / 28 / 2014
Transaction ID : 40130.C404643

Amount of Each Receipt this Period: 10000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Ernest Ellison

Mailing Address 6720 Churchill Park Court

City Charlotte State NC Zip Code 28210-3480

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

Name of Employer: Retired Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 20 / 2014
Transaction ID : 40124.C404229

Amount of Each Receipt this Period: 300.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 12300.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Ernest Ellison
Full Name (Last, First, Middle Initial)

Mailing Address 6720 Churchill Park Court

City Charlotte State NC Zip Code 28210-3480

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

Name of Employer Retired Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 01 / 23 / 2014
Transaction ID : 40124.C404411

Amount of Each Receipt this Period 750.00

Receipt

B. Michael Estramonte
Full Name (Last, First, Middle Initial)

Mailing Address 2004 Sablewood Drive

City Charlotte State NC Zip Code 28205-3670

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

Name of Employer Self Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 23 / 2014
Transaction ID : 40124.C404410

Amount of Each Receipt this Period 2500.00

Receipt

C. John Fennebresque
Full Name (Last, First, Middle Initial)

Mailing Address 201 Tryon Street, Suite 3000
150 Cherokee Road

City Charlotte State NC Zip Code 28202

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

Name of Employer McGuire Woods Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 16 / 2014
Transaction ID : 40124.C403987

Amount of Each Receipt this Period 2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Thomas Fonville

Mailing Address 1018 Harvey Street

City Raleigh State NC Zip Code 27608-2332

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

Name of Employer Occupation
Fonville Morisey Realtors Real Estate Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 40130.C404646

Amount of Each Receipt this Period
2000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Mary Forrester

Mailing Address PO Box 459
105 Country Woods Lane

City Stanley State NC Zip Code 28164

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2014
Transaction ID : 40114.C403698

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. James Gardner

Mailing Address 520 Shady Circle Drive
1029 Hammond St., Rocky Mount 2780

City Rocky Mount State NC Zip Code 27803-1717

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

Name of Employer Occupation
State of NC Chairman of ABC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : 40124.C404352

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. John Gaylord
Full Name (Last, First, Middle Initial)
Mailing Address 4317 Bellwood Lane
City Charlotte State NC Zip Code 28270
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Specialities, Inc. Occupation CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 17 / 2014**
Transaction ID : 40124.C404049
Amount of Each Receipt this Period **1000.00**
Receipt

B. Eddie Goodall
Full Name (Last, First, Middle Initial)
Mailing Address 2132 Greenbrook Parkway
City Matthews State NC Zip Code 28104-7740
FEC ID number of contributing federal political committee. **C**
Name of Employer NC Alliance for Public Schools Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 09 / 2014**
Transaction ID : 40114.C403699
Amount of Each Receipt this Period **250.00**
Receipt

C. Frank Gorham
Full Name (Last, First, Middle Initial)
Mailing Address 142 Beach Rd South
City Wilmington State NC Zip Code 28411-9222
FEC ID number of contributing federal political committee. **C**
Name of Employer Sandstone Properties Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 28 / 2014**
Transaction ID : 40130.C404624
Amount of Each Receipt this Period **1000.00**
Receipt

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Adair Graham, Jr.

Mailing Address 1844 South Churchill Drive

City State Zip Code
Wilmington NC 28403-4804

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

Name of Employer Occupation
East Carolina Bank Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 40130.C404647

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Matthew Griffin

Mailing Address 64 Pelican Drive

City State Zip Code
Wrightsville Beach NC 28480-2738

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

Name of Employer Occupation
Atlantic Claims, Inc. Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 40130.C404637

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Kent Harrell

Mailing Address PO Box 625

City State Zip Code
Burgaw NC 28425-0625

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

Name of Employer Occupation
Self Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 40217.C404731

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Alexandra Henson

Mailing Address 317 Circle Park Place

City State Zip Code
Chapel Hill NC 27517

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

Name of Employer Occupation
Retired Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
Transaction ID : 40130.C404604

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Ivan Hinrichs

Mailing Address 2418 La Maison Drive
6101 Carnegie Boulevard Ste 400

City State Zip Code
Charlotte NC 28226-3215

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

Name of Employer Occupation
Hinrichs Financial Group Benefits Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
Transaction ID : 40124.C403869

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Robert Johnson

Mailing Address 107 Woodkirk Ln

City State Zip Code
Chapel Hill NC 27514-7423

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 / /
Transaction ID : 40217.C404744

Amount of Each Receipt this Period
750.00

Receipt

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Linda Jones
Full Name (Last, First, Middle Initial)

Mailing Address 9425 Hampton Oaks Lane

City Charlotte State NC Zip Code 28270

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

Name of Employer Self Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 30 / 2014
Transaction ID : 40217.C404691

Amount of Each Receipt this Period
 250.00

Receipt

B. Graeme Keith
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Richardson Drive

City Charlotte State NC Zip Code 28211-3350

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

Name of Employer The Keith Corporation Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 15 / 2014
Transaction ID : 40124.C403867

Amount of Each Receipt this Period
 250.00

Receipt

C. Robert Keith
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Country Club Road

City Wilmington State NC Zip Code 28403-4820

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

Name of Employer Meridien Marketing Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 01 / 28 / 2014
Transaction ID : 40130.C404645

Amount of Each Receipt this Period
 2500.00

Receipt

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Thomas Kelly

Mailing Address 130 Brookline Drive

City Pinehurst State NC Zip Code 28374

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2014
Transaction ID : 40124.C404169

Amount of Each Receipt this Period
250.00

Receipt

Full Name (Last, First, Middle Initial)
B. Robert King

Mailing Address 5115 New Centre Drive

City Wilmington State NC Zip Code 28403-1629

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

Name of Employer Bob King Automall Occupation Dealer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : 40130.C404648

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Amy Lewis

Mailing Address 3601 Hahn Scott Road

City Mount Pleasant State NC Zip Code 28124

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

Name of Employer NC Dept of Education Occupation Education Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : 40127.C404445

Amount of Each Receipt this Period
250.00

Receipt

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Edward McCarthy
Full Name (Last, First, Middle Initial)

Mailing Address 1318 Canterbury Road

City Raleigh State NC Zip Code 27608

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

Name of Employer River Cities Capital Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : 40124.C403824

Amount of Each Receipt this Period
 250.00

Receipt

B. Nathan McLamb
Full Name (Last, First, Middle Initial)

Mailing Address 4508 North Parkview Drive

City Charlotte State NC Zip Code 28226

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

Name of Employer Carmel Contractors Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2014
Transaction ID : 40124.C404275

Amount of Each Receipt this Period
 250.00

Receipt

C. Patricia Morris
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 911

City Littleton State NC Zip Code 27850-0911

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

Name of Employer Best Effort Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : 40124.C404140

Amount of Each Receipt this Period
 300.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Vinay Patel
Full Name (Last, First, Middle Initial)

Mailing Address 9320 Hollybush Lane

City Charlotte State NC Zip Code 28277

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

Name of Employer Sree Hotels Occupation Hotel Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2014
Transaction ID : 40127.C404443

Amount of Each Receipt this Period 1000.00

Receipt

B. Ronald Payne
Full Name (Last, First, Middle Initial)

Mailing Address 2146 Sharon Lane

City Charlotte State NC Zip Code 28211-3736

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

Name of Employer Retired Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 06 / 2014
Transaction ID : 40114.C403630

Amount of Each Receipt this Period 200.00

Receipt

C. Ronald Payne
Full Name (Last, First, Middle Initial)

Mailing Address 2146 Sharon Lane

City Charlotte State NC Zip Code 28211-3736

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

Name of Employer Retired Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 16 / 2014
Transaction ID : 40124.C403880

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Robert Pittenger
Full Name (Last, First, Middle Initial)

Mailing Address 7330 Baltusrol Lane

City Charlotte State NC Zip Code 28210-4922

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

Name of Employer Pittenger & Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2014
Transaction ID : 40124.C404412

Amount of Each Receipt this Period 500.00

Receipt

B. Verl Purdy
Full Name (Last, First, Middle Initial)

Mailing Address 4804 Pellyn Farm Court

City Charlotte State NC Zip Code 28226-6213

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

Name of Employer Cadrillon Capital Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 15 / 2014
Transaction ID : 40124.C403866

Amount of Each Receipt this Period 2500.00

Receipt

C. William Reynolds
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Mars Street

City Raleigh State NC Zip Code 27604-3923

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

Name of Employer Retired Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 17 / 2014
Transaction ID : 40124.C404030

Amount of Each Receipt this Period 300.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 3300.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Jenny Rippy
Full Name (Last, First, Middle Initial)

Mailing Address 100 Windlass Drive

City State Zip Code
Wilmington NC 28409-2030

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

Name of Employer Occupation
Jungle Rapids Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2014
Transaction ID : 40130.C404642

Amount of Each Receipt this Period
500.00

Receipt

B. William Rudisill
Full Name (Last, First, Middle Initial)

Mailing Address 6435 Westport Drive

City State Zip Code
Wilmington NC 28409

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

Name of Employer Occupation
Medical Park Hotels Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2014
Transaction ID : 40130.C404638

Amount of Each Receipt this Period
500.00

Receipt

C. Charles Schoninger
Full Name (Last, First, Middle Initial)

Mailing Address 720 North 3rd Street Floor 3

City State Zip Code
Wilmington NC 28401-3473

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

Name of Employer Occupation
USA Invest Co. Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2014
Transaction ID : 40130.C404649

Amount of Each Receipt this Period
500.00

Receipt

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 25 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. George Stronach

Mailing Address 1608 Stronwood Drive N

| | | |
|----------------|-------------|------------------------|
| City Wilson | State NC | Zip Code 27893-1861 |
|----------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2014
Transaction ID : 40124.C404377

Amount of Each Receipt this Period
500.00

Receipt

Full Name (Last, First, Middle Initial)
B. Stephen Vanderwoude

Mailing Address 224 Oval Park Place

| | | |
|---------------------|-------------|-------------------|
| City Chapel Hill | State NC | Zip Code 27517 |
|---------------------|-------------|-------------------|

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

| | |
|-----------------------------|------------------------------|
| Name of Employer Retired | Occupation Chairman & CEO |
|-----------------------------|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : 40127.C404555

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Joelle Weltzin

Mailing Address 3400 Great Bear Lane

| | | |
|-----------------|-------------|------------------------|
| City Raleigh | State NC | Zip Code 27614-8372 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|------------------------|
| Name of Employer BB&T | Occupation Attorney |
|--------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 40217.C404746

Amount of Each Receipt this Period
250.00

Receipt

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 26 OF 74
(check only one)

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

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Andy Yates

Mailing Address 15511 Britley Ridge Drive

City State Zip Code
Huntersville NC 28078

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

Name of Employer Occupation
Self Political Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2014
Transaction ID : 40124.C404051

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | 52800.00 |

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

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

FOR LINE NUMBER: PAGE 27 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Republican National Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 First Street Southeast
 City Washington State DC Zip Code 20003-
 FEC ID number of contributing federal political committee. **C** C00003418
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 37962.81

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 07 / 2014
Transaction ID : 40217.C405173
 Amount of Each Receipt this Period
 37962.81
 Transfers From Affil./Auth.

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 37962.81 |
| TOTAL This Period (last page this line number only).....▶ | 37962.81 |

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

| | | | |
|---|------------------------------|---|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 28 OF 74 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Ms. Kimberly Canady
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 Meadow Loop Drive
 City Clayton State NC Zip Code 27527-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NC Republican Party Occupation Political Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : 40124.C404015
 Amount of Each Receipt this Period 293.81
 Offsets to Operating Expenditu
 Note:Health Insurance Reimburs

B. Ms. Laura E. McGee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 Wade Avenue #310
 City Raleigh State NC Zip Code 27605-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : 40124.C404013
 Amount of Each Receipt this Period 293.81
 Offsets to Operating Expenditu
 Note:Health Insurance Reimburs

C. Mecklenburg County Republican Party
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 Mockingbird Lane, Suite 111
 City Charlotte State NC Zip Code 28209-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014
Transaction ID : 40127.C404451
 Amount of Each Receipt this Period 1200.00
 Offsets to Operating Expenditu
 Note:Rent-Usual&Normal Charge

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1787.62 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 29 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial)
Mr. James Luther Snyder, III

Mailing Address 210 Calibre Chase Drive, Apt. 201

City Raleigh State NC Zip Code 27609-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
293.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : 40124.C404014

Amount of Each Receipt this Period
293.81

Offsets to Operating Expenditu

Note:Health Insurance Reimburs

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 293.81 |
| TOTAL This Period (last page this line number only).....▶ | 2081.43 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Accident Fund

Mailing Address PO Box 77000, Dept. 77125

City Detroit State MI Zip Code 48277-0125

Purpose of Disbursement
Workers Comp Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2014

Transaction ID : 40217.E42636

Amount of Each Disbursement this Period

549.00

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

B. Accident Fund

Mailing Address PO Box 77000, Dept. 77125

City Detroit State MI Zip Code 48277-0125

Purpose of Disbursement
Workers Comp Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42656

Amount of Each Disbursement this Period

866.68

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42737

Amount of Each Disbursement this Period

3160.29

PAYROLL TAXES

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

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

4575.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42713

Amount of Each Disbursement this Period

6361.57

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42714

Amount of Each Disbursement this Period

89.69

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

C. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Transaction ID : 40217.E42715

Amount of Each Disbursement this Period

104.00

PAYROLL PROFESSIONAL FEE

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

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

6555.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Transaction ID : 40217.E42716

Amount of Each Disbursement this Period

40.00

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Transaction ID : 40217.E42738

Amount of Each Disbursement this Period

94.50

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Transaction ID : 40217.E42739

Amount of Each Disbursement this Period

858.25

PAYROLL TAXES

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

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

992.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Transaction ID : 40217.E42742

Amount of Each Disbursement this Period

478.84

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42717

Amount of Each Disbursement this Period

300.00

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

C. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42718

Amount of Each Disbursement this Period

7009.78

PAYROLL TAXES

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

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

7788.62

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42719

Amount of Each Disbursement this Period

94.11

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

B. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42740

Amount of Each Disbursement this Period

3151.22

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. ADP Easy pay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42741

Amount of Each Disbursement this Period

73.00

PAYROLL PROFESSIONAL FEE

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

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

3318.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Airnet Group, Inc.

Mailing Address PO Box 11181
801 Broad Street Suite 530

City Chattanooga State TN Zip Code 37401-

Purpose of Disbursement
VOIP Telephone Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2014

Transaction ID : 40217.E42685

Amount of Each Disbursement this Period

462.81

VOIP TELEPHONE SERVICES

Full Name (Last, First, Middle Initial)

B. Airnet Group, Inc.

Mailing Address PO Box 11181
801 Broad Street Suite 530

City Chattanooga State TN Zip Code 37401-

Purpose of Disbursement
VOIP Telephone Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2014

Transaction ID : 40217.E42668

Amount of Each Disbursement this Period

462.81

VOIP TELEPHONE SERVICES

Full Name (Last, First, Middle Initial)

C. Mr. Eric R. Albrecht

Mailing Address 3305-232 Eastover Ridge Drive

City Charlotte State NC Zip Code 28211-

Purpose of Disbursement
Mileage/Cell Phone Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2014

Transaction ID : 40217.E42686

Amount of Each Disbursement this Period

543.16

MILEAGE/CELL PHONE REIMBURSEMENT

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

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

1468.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Eric R. Albrecht

Mailing Address 3305-232 Eastover Ridge Drive

City Charlotte State NC Zip Code 28211-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42743

Amount of Each Disbursement this Period

966.21

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Eric R. Albrecht

Mailing Address 3305-232 Eastover Ridge Drive

City Charlotte State NC Zip Code 28211-

Purpose of Disbursement
Mileage/Meals/Cell Phone Reimbusem

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2014

Transaction ID : 40217.E42670

Amount of Each Disbursement this Period

175.85

MILEAGE/MEALS/CELL PHONE REIMBURSEM

Full Name (Last, First, Middle Initial)

C. Mr. Eric R. Albrecht

Mailing Address 3305-232 Eastover Ridge Drive

City Charlotte State NC Zip Code 28211-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42744

Amount of Each Disbursement this Period

975.22

PAYROLL

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

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

2117.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 1091

City Charlotte State NC Zip Code 28201-1091

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42759

Amount of Each Disbursement this Period

39.35

SERVICE CHARGE

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 1091

City Charlotte State NC Zip Code 28201-1091

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42702

Amount of Each Disbursement this Period

247.92

SERVICE CHARGE

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 1091

City Charlotte State NC Zip Code 28201-1091

Purpose of Disbursement
Deposit Books

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2014

Transaction ID : 40217.E42771

Amount of Each Disbursement this Period

33.00

DEPOSIT BOOKS

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

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

320.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 1091

City Charlotte State NC Zip Code 28201-1091

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Transaction ID : 40218.E42777

Amount of Each Disbursement this Period

115.00

SERVICE CHARGE

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 1091

City Charlotte State NC Zip Code 28201-1091

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42736

Amount of Each Disbursement this Period

14.00

SERVICE CHARGE

Full Name (Last, First, Middle Initial)

C. Beacon #28 LLC

Mailing Address c/o Beacon Partners
610 East Morehead Street, Suite 25

City Charlotte State NC Zip Code 28202-

Purpose of Disbursement
Office Rental-Usual & Normal Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42697

Amount of Each Disbursement this Period

2500.00

OFFICE RENTAL-USUAL & NORMAL CHARGE

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

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

2629.00

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

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Blue Cross Blue Shield of NC

Mailing Address PO Box 580017

City Charlotte State NC Zip Code 28258-0017

Purpose of Disbursement
Employee Medical Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : 40217.E42684

Amount of Each Disbursement this Period

1762.86

EMPLOYEE MEDICAL INSURANCE

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield of NC

Mailing Address PO Box 580017

City Charlotte State NC Zip Code 28258-0017

Purpose of Disbursement
Employee Medical Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : 40217.E42638

Amount of Each Disbursement this Period

1762.86

EMPLOYEE MEDICAL INSURANCE

Full Name (Last, First, Middle Initial)

C. Blue Cross Blue Shield of NC

Mailing Address PO Box 580017

City Charlotte State NC Zip Code 28258-0017

Purpose of Disbursement
Employee Medical Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42683

Amount of Each Disbursement this Period

1762.86

EMPLOYEE MEDICAL INSURANCE

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

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

5288.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Blue Cross Blue Shield of NC

Mailing Address PO Box 580017

City Charlotte State NC Zip Code 28258-0017

Purpose of Disbursement
Employee Medical Insurance

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42635

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 4 | 6 | 9 | . | 0 | 5 |
|---|---|---|---|---|---|---|

EMPLOYEE MEDICAL INSURANCE

Full Name (Last, First, Middle Initial)

B. Computer Plumber LLC

Mailing Address 5210 Poplar Tent Road, Suite 20

City Concord State NC Zip Code 28027-

Purpose of Disbursement
Computer Support

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42637

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 3 | 6 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

COMPUTER SUPPORT

Full Name (Last, First, Middle Initial)

C. Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 34622-

Purpose of Disbursement
Generic Donor/Prospect Direct Mail

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42640

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 9 | 6 | 2 | 9 | . | 8 | 1 |
|---|---|---|---|---|---|---|

GENERIC DONOR/PROSPECT DIRECT MAIL

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 4 | 5 | . | 8 | 6 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Mary Alice Duffy

Mailing Address 814 Woodburn Road

City Raleigh State NC Zip Code 27605-1163

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42720

Amount of Each Disbursement this Period

1029.99

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ms. Mary Alice Duffy

Mailing Address 814 Woodburn Road

City Raleigh State NC Zip Code 27605-1163

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42721

Amount of Each Disbursement this Period

1029.99

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Steven C. Estep

Mailing Address 5041 Southridge Court

City Charlotte State NC Zip Code 28226-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42745

Amount of Each Disbursement this Period

1019.90

PAYROLL

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

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

3079.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Steven C. Estep

Mailing Address 5041 Southridge Court

City Charlotte State NC Zip Code 28226-

Purpose of Disbursement
Meals & See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2014

Transaction ID : 40217.E42672

Amount of Each Disbursement this Period

79.07

MEALS & SEE BELOW

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2014

Transaction ID : 40217.E42673

Amount of Each Disbursement this Period

66.95

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

C. Mr. Steven C. Estep

Mailing Address 5041 Southridge Court

City Charlotte State NC Zip Code 28226-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42746

Amount of Each Disbursement this Period

1019.91

PAYROLL

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

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

1098.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Gregory M. Fornshell

Mailing Address 2808 Rainford Court

City Raleigh State NC Zip Code 27603-1373

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42722

Amount of Each Disbursement this Period

1137.84

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Gregory M. Fornshell

Mailing Address 2808 Rainford Court

City Raleigh State NC Zip Code 27603-1373

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42655

Amount of Each Disbursement this Period

11.14

MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Mr. Gregory M. Fornshell

Mailing Address 2808 Rainford Court

City Raleigh State NC Zip Code 27603-1373

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42723

Amount of Each Disbursement this Period

1137.86

PAYROLL

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

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

2286.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Guilford County Republican Party

Mailing Address 3950 West Market Street

City Greensboro State NC Zip Code 27407-

Purpose of Disbursement
Office Rental-Usual & Normal Charge

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42688

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

OFFICE RENTAL-USUAL & NORMAL CHARGE

Full Name (Last, First, Middle Initial)

B. Mr. Hasan D. Harnett

Mailing Address 5801 Crimson Oak Court

City Harrisburg State NC Zip Code 28075-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42747

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Hasan D. Harnett

Mailing Address 5801 Crimson Oak Court

City Harrisburg State NC Zip Code 28075-

Purpose of Disbursement
Meals/Hotel Room

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42676

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 8 | 6 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

MEALS/HOTEL ROOM

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | 9 | 9 | 0 | 4 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | 9 | 9 | 0 | 4 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Hasan D. Harnett

Mailing Address 5801 Crimson Oak Court

City Harrisburg State NC Zip Code 28075-

Purpose of Disbursement
Mileage/Meals & See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42689

Amount of Each Disbursement this Period

147.42

MILEAGE/MEALS & SEE BELOW

Full Name (Last, First, Middle Initial)

B. AT&T Wireless

Mailing Address PO Box 537104

City Atlanta State GA Zip Code 30352-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42690

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

C. Mr. Hasan D. Harnett

Mailing Address 5801 Crimson Oak Court

City Harrisburg State NC Zip Code 28075-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42748

Amount of Each Disbursement this Period

1100.42

PAYROLL

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

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

1247.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Colleen Hodgman

Mailing Address 300 W Hargett Street Unit 403

City Raleigh State NC Zip Code 27601-3016

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 15 / 2014

Transaction ID : 40217.E42724

Amount of Each Disbursement this Period

1144.35

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ms. Colleen Hodgman

Mailing Address 300 W Hargett Street Unit 403

City Raleigh State NC Zip Code 27601-3016

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : 40217.E42657

Amount of Each Disbursement this Period

169.12

MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Ms. Colleen Hodgman

Mailing Address 300 W Hargett Street Unit 403

City Raleigh State NC Zip Code 27601-3016

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : 40217.E42725

Amount of Each Disbursement this Period

1144.37

PAYROLL

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

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

2457.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Colleen Hodgman

Mailing Address 300 W Hargett Street Unit 403

City Raleigh State NC Zip Code 27601-3016

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42726

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 9 | 8 | 0 | . | 4 | 8 |
|---|---|---|---|---|---|

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Tremone TJ Jackson

Mailing Address 4211 Craig Avenue

City Charlotte State NC Zip Code 28211-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42749

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 6 | . | 7 | 0 |
|---|---|---|---|---|---|

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Tremone TJ Jackson

Mailing Address 4211 Craig Avenue

City Charlotte State NC Zip Code 28211-

Purpose of Disbursement
Mileage/Meals & See Below

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42678

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 7 | 2 | . | 6 | 6 |
|---|---|---|---|---|---|

MILEAGE/MEALS & SEE BELOW

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 2 | . | 0 | 1 | 8 |
|---|---|---|---|---|---|---|

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 660108

City State Zip Code
Dallas TX 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 22 | / | 2014 |

Transaction ID : 40217.E42679

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

[MEMO ITEM]

MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

B. Mr. Tremone TJ Jackson

Mailing Address 4211 Craig Avenue

City State Zip Code
Charlotte NC 28211-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 31 | / | 2014 |

Transaction ID : 40217.E42750

Amount of Each Disbursement this Period

| |
|---------|
| 1067.05 |
|---------|

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Tremone TJ Jackson

Mailing Address 4211 Craig Avenue

City State Zip Code
Charlotte NC 28211-

Purpose of Disbursement
Mileage/Hotel & See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 31 | / | 2014 |

Transaction ID : 40217.E42663

Amount of Each Disbursement this Period

| |
|--------|
| 461.68 |
|--------|

MILEAGE/HOTEL & SEE BELOW

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

| |
|---------|
| 1528.73 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42664

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

B. Mr. Daniel Keylin

Mailing Address 1009 Wade Avenue Apt 4

City Raleigh State NC Zip Code 27605-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42727

Amount of Each Disbursement this Period

1768.92

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Keylin

Mailing Address 1009 Wade Avenue Apt 4

City Raleigh State NC Zip Code 27605-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42728

Amount of Each Disbursement this Period

1768.94

PAYROLL

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

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

3537.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Daniel Keylin

Mailing Address 1009 Wade Avenue Apt 4

City Raleigh State NC Zip Code 27605-

Purpose of Disbursement
Podium Sign/Email Sub. & See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42652

Amount of Each Disbursement this Period

133.87

PODIUM SIGN/EMAIL SUB. & SEE BELOW

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42653

Amount of Each Disbursement this Period

102.52

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

C. Mrs. Karen G. Langham

Mailing Address 4737 Royal Troon Drive

City Raleigh State NC Zip Code 27604-5845

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42729

Amount of Each Disbursement this Period

1949.09

PAYROLL

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

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

2082.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mrs. Karen G. Langham

Mailing Address 4737 Royal Troon Drive

City Raleigh State NC Zip Code 27604-5845

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42730

Amount of Each Disbursement this Period

1949.10

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ms. Taylor McLamb

Mailing Address 2912 Isabella Drive

City Raleigh State NC Zip Code 27603-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42751

Amount of Each Disbursement this Period

970.53

PAYROLL

Full Name (Last, First, Middle Initial)

C. Ms. Taylor McLamb

Mailing Address 2912 Isabella Drive

City Raleigh State NC Zip Code 27603-

Purpose of Disbursement
Mileage & See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42681

Amount of Each Disbursement this Period

243.05

MILEAGE & SEE BELOW

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

3162.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. AT&T Wireless

Mailing Address PO Box 537104

City Atlanta State GA Zip Code 30352-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42682

Amount of Each Disbursement this Period

54.11

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

B. Ms. Taylor McLamb

Mailing Address 2912 Isabella Drive

City Raleigh State NC Zip Code 27603-

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42691

Amount of Each Disbursement this Period

26.32

MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Ms. Taylor McLamb

Mailing Address 2912 Isabella Drive

City Raleigh State NC Zip Code 27603-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42752

Amount of Each Disbursement this Period

970.54

PAYROLL

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

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

996.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21955 Cascades Parkway

City Dulles State VA Zip Code 20166-

Purpose of Disbursement
Postage for Generic Direct Mail

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2014

Transaction ID : 40217.E42632

Amount of Each Disbursement this Period

3860.00

POSTAGE FOR GENERIC DIRECT MAIL

Full Name (Last, First, Middle Initial)

B. Met Life Small Business Center

Mailing Address PO Box 804466

City Kansas City State MO Zip Code 64180-4466

Purpose of Disbursement
Employee Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2014

Transaction ID : 40217.E42659

Amount of Each Disbursement this Period

496.98

EMPLOYEE INSURANCE

Full Name (Last, First, Middle Initial)

C. Ms. Melinda A. Moorman

Mailing Address 201 Side Aly

City Greensboro State NC Zip Code 27406-1684

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42753

Amount of Each Disbursement this Period

970.53

PAYROLL

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

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

5327.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Melinda A. Moorman

Mailing Address 201 Side Aly

City Greensboro State NC Zip Code 27406-1684

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42754

Amount of Each Disbursement this Period

970.54

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ms. Melinda A. Moorman

Mailing Address 201 Side Aly

City Greensboro State NC Zip Code 27406-1684

Purpose of Disbursement
Mileage/Meals/Postage & See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42693

Amount of Each Disbursement this Period

1071.53

MILEAGE/MEALS/POSTAGE & SEE BELOW

Full Name (Last, First, Middle Initial)

C. AT&T Wireless

Mailing Address PO Box 537104

City Atlanta State GA Zip Code 30352-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42694

Amount of Each Disbursement this Period

49.35

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

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

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

2042.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. First United Realty and Management

Mailing Address 6211 Carmel Road Suite 101

City State Zip Code
Charlotte NC 28226-8258

Purpose of Disbursement
Penalty to Break Apt. Lease

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42696

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 7 | 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|---|

[MEMO ITEM]

MEMO: PENALTY TO BREAK APT. LEASE

Full Name (Last, First, Middle Initial)

B. Myers Park Country Club

Mailing Address 2415 Roswell Avenue

City State Zip Code
Charlotte NC 28209-1647

Purpose of Disbursement
Food for NCGOP Fundraising Event

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42651

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 6 | 9 | 3 | . | 4 | 8 |
|---|---|---|---|---|---|---|

FOOD FOR NCGOP FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

C. Neopost USA Inc.

Mailing Address 25880 Network Place

City State Zip Code
Chicago IL 60673-1258

Purpose of Disbursement
Postage for Postage Meter

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : 40114.E42407

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

POSTAGE FOR POSTAGE METER

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 9 | 9 | 3 | . | 4 | 8 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 9 | 9 | 3 | . | 4 | 8 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement
Postage for Postage Meter

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2014

Transaction ID : 40217.E42633

Amount of Each Disbursement this Period

100.00

POSTAGE FOR POSTAGE METER

Full Name (Last, First, Middle Initial)

B. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement
Postage for Postage Meter

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : 40124.E42506

Amount of Each Disbursement this Period

100.00

POSTAGE FOR POSTAGE METER

Full Name (Last, First, Middle Initial)

C. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement
Postage for Postage Meter

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2014

Transaction ID : 40217.E42625

Amount of Each Disbursement this Period

100.00

POSTAGE FOR POSTAGE METER

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement Postage Meter Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2014

Transaction ID : 40217.E42650

Amount of Each Disbursement this Period: 307.44

POSTAGE METER RENTAL

Full Name (Last, First, Middle Initial)

B. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement Postage for Postage Meter

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2014

Transaction ID : 40217.E42626

Amount of Each Disbursement this Period: 75.00

POSTAGE FOR POSTAGE METER

Full Name (Last, First, Middle Initial)

C. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement Postage for Postage Meter

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2014

Transaction ID : 40217.E42627

Amount of Each Disbursement this Period: 100.00

POSTAGE FOR POSTAGE METER

SUBTOTAL of Disbursements This Page (optional)..... ▶ 482.44

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Carter R. Nies

Mailing Address 739 Stanhope Lane

City State Zip Code
Matthews NC 28105-1516

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 15 | | 2014 |

Transaction ID : 40217.E42755

Amount of Each Disbursement this Period

| |
|---------|
| 1267.83 |
|---------|

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Carter R. Nies

Mailing Address 739 Stanhope Lane

City State Zip Code
Matthews NC 28105-1516

Purpose of Disbursement
See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 22 | | 2014 |

Transaction ID : 40217.E42666

Amount of Each Disbursement this Period

| |
|-------|
| 67.59 |
|-------|

SEE BELOW

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 660108

City State Zip Code
Dallas TX 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 22 | | 2014 |

Transaction ID : 40217.E42667

Amount of Each Disbursement this Period

| |
|-------|
| 67.59 |
|-------|

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

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

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

| |
|---------|
| 1335.42 |
|---------|

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Carter R. Nies

Mailing Address 739 Stanhope Lane

City Matthews State NC Zip Code 28105-1516

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42756

Amount of Each Disbursement this Period

1267.83

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Taylor G. Playforth

Mailing Address 12 Nathan Ave Apt 3

City Wrightsville Beach State NC Zip Code 28480-2170

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42757

Amount of Each Disbursement this Period

945.84

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Taylor G. Playforth

Mailing Address 12 Nathan Ave Apt 3

City Wrightsville Beach State NC Zip Code 28480-2170

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42758

Amount of Each Disbursement this Period

945.85

PAYROLL

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

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

3159.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42731

Amount of Each Disbursement this Period

2543.34

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42732

Amount of Each Disbursement this Period

2543.34

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. Claude Pope

Mailing Address PO Box 3285

City Bald Head Island State NC Zip Code 28461-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42733

Amount of Each Disbursement this Period

3611.12

PAYROLL

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

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

8697.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Claude Pope

Mailing Address PO Box 3285

City Bald Head Island State NC Zip Code 28461-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42734

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 6 | 1 | 1 | . | 1 | 2 |
|---|---|---|---|---|---|---|

PAYROLL

Full Name (Last, First, Middle Initial)

B. Relyus

Mailing Address 3469 Black & Decker Road

City Hope Mills State NC Zip Code 28348-

Purpose of Disbursement
Print NCGOP Fundraising Invitations

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42662

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 3 | 5 | 1 | . | 1 | 2 |
|---|---|---|---|---|---|---|

PRINT NCGOP FUNDRAISING INVITATIONS

Full Name (Last, First, Middle Initial)

C. Strategic Fundraising

Mailing Address 7800 3rd Street North, Suite 900

City Saint Paul State MN Zip Code 55128-

Purpose of Disbursement
Generic Telemarketing Donors

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42634

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 0 | 9 | 7 | . | 8 | 0 |
|---|---|---|---|---|---|---|

GENERIC TELEMARKETING DONORS

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 9 | 0 | 5 | 9 | . | 8 | 4 |
|---|---|---|---|---|---|---|

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Strategic Fundraising

Mailing Address 7800 3rd Street North, Suite 900

City State Zip Code
Saint Paul MN 55128-

Purpose of Disbursement
Generic Telemarket. Prospect Donors

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42631

Amount of Each Disbursement this Period

20.00

GENERIC TELEMARKET. PROSPECT DONORS

Full Name (Last, First, Middle Initial)

B. Strategic Fundraising

Mailing Address 7800 3rd Street North, Suite 900

City State Zip Code
Saint Paul MN 55128-

Purpose of Disbursement
Generic Telemarket. Prospect Donors

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : 40217.E42647

Amount of Each Disbursement this Period

20.00

GENERIC TELEMARKET. PROSPECT DONORS

Full Name (Last, First, Middle Initial)

C. Ms. Katie Sullivan

Mailing Address 710 North Person Street, Apt. 308

City State Zip Code
Raleigh NC 27604-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42735

Amount of Each Disbursement this Period

830.94

PAYROLL

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

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

870.94

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Time Warner Cable

Mailing Address PO Box 70872

City Charlotte State NC Zip Code 28272-0872

Purpose of Disbursement
Cable and Internet Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 2 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42680

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 7 | 6 | . | 0 | 6 |
|---|---|---|---|---|---|

CABLE AND INTERNET SERVICE

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address Capitol Station
311 New Bern Avenue

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Postage for Business Reply Mail

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : 40124.E42586

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

POSTAGE FOR BUSINESS REPLY MAIL

Full Name (Last, First, Middle Initial)

C. Valic

Mailing Address c/o J. P. Morgan Chase
PO Box 301154

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employee IRA Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : 40217.E42767

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 6 | 1 | 6 | . | 6 | 2 |
|---|---|---|---|---|---|

EMPLOYEE IRA CONTRIBUTION

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 4 | 9 | 2 | . | 6 | 8 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 4 | 9 | 2 | . | 6 | 8 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Valic

Mailing Address c/o J. P. Morgan Chase
PO Box 301154

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employer IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : 40217.E42768

Amount of Each Disbursement this Period

141.90

EMPLOYER IRA CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Valic

Mailing Address c/o J. P. Morgan Chase
PO Box 301154

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employee IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42769

Amount of Each Disbursement this Period

616.62

EMPLOYEE IRA CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Valic

Mailing Address c/o J. P. Morgan Chase
PO Box 301154

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employer IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : 40217.E42770

Amount of Each Disbursement this Period

141.90

EMPLOYER IRA CONTRIBUTION

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

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

900.42

109675.51

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 65 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Cross Blue Shield of NC | Nature of Debt (Purpose): Employee Medical Insurance |
| Mailing Address PO Box 580017 | |
| City State Zip Code Charlotte NC 28258-0017 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1762.86"/> | Transaction ID : LS40217.E42638 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1762.86"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Cross Blue Shield of NC | Nature of Debt (Purpose): Employee Medical Insurance |
| Mailing Address PO Box 580017 | |
| City State Zip Code Charlotte NC 28258-0017 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1762.86"/> | Transaction ID : LS40217.E42684 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1762.86"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems | Nature of Debt (Purpose): Generic Donor/Prospect Direct Mail |
| Mailing Address 12450 Automobile Boulevard | |
| City State Zip Code Clearwater FL 34622- | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="9629.81"/> | Transaction ID : LS40217.E42640 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="9629.81"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 66 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising | Nature of Debt (Purpose): Generic Telemarketing Donors |
| Mailing Address 7800 3rd Street North, Suite 900 | |
| City State Zip Code Saint Paul MN 55128- | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="4097.60"/> | Transaction ID : LS40217.E42634 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="4097.60"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Election Commission | Nature of Debt (Purpose): Penalty |
| Mailing Address Accounting/Finance Office 999 E Street, N.W. | |
| City State Zip Code Washington DC 20463- | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : LS40218.E42778 | |
| Amount Incurred This Period <input type="text" value="3750.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3750.00"/> |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Accident Fund | Nature of Debt (Purpose): Workers Comp Insurance |
| Mailing Address PO Box 77000, Dept. 77125 | |
| City State Zip Code Detroit MI 48277-0125 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1647.00"/> | Transaction ID : LS40217.E42636 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="549.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1098.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="4848.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 67 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Triad Telecom | Nature of Debt (Purpose): Telephone Service |
| Mailing Address 4016-H Battleground Avenue #356 PO Box 2673 | |
| City State Zip Code Greensboro NC 27402-2673 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1163.94"/> | Transaction ID : LS40130.E42620 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1163.94"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI Imaging & Mail | Nature of Debt (Purpose): Generic Donor Direct Mail Expense |
| Mailing Address 21955 Cascades Parkway | |
| City State Zip Code Dulles VA 20166- | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : LS40218.E42781 | |
| Amount Incurred This Period <input type="text" value="7340.38"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="7340.38"/> |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI Imaging & Mail | Nature of Debt (Purpose): Postage for Generic Direct Mail |
| Mailing Address 21955 Cascades Parkway | |
| City State Zip Code Dulles VA 20166- | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="3860.00"/> | Transaction ID : LS40217.E42632 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="3860.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="7340.38"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 68 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Eric R. Albrecht | Nature of Debt (Purpose): Mileage/Cell Phone Reimbursement |
| Mailing Address 3305-232 Eastover Ridge Drive | |
| City State Zip Code Charlotte NC 28211- | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="543.16"/> | Transaction ID : LS40217.E42686 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="543.16"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Claude Pope | Nature of Debt (Purpose): Payroll |
| Mailing Address PO Box 3285 | |
| City State Zip Code Bald Head Island NC 28461- | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="5000.00"/> | Transaction ID : LS31217.E42403 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="5000.00"/> |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI | Nature of Debt (Purpose): Generic Donor Direct Mail Expense |
| Mailing Address 1593 Spring Hill Road, Suite 400 | |
| City State Zip Code Vienna VA 22182- | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : LS40218.E42779 | |
| Amount Incurred This Period <input type="text" value="890.92"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="890.92"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="5890.92"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 69 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Precision Marketing, Inc. | Nature of Debt (Purpose): Generic Donor Direct Mail Expense |
| Mailing Address PO Box 7670 | |
| City State Zip Code Arlington VA 22207-0670 | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : LS40218.E42782 | |
| Amount Incurred This Period <input type="text" value="2300.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2300.00"/> |

| | |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |
|---|---|---|---|

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | | |
|---|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |
|---|---|---|---|

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="2300.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="20379.30"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="20379.30"/> |

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Transaction ID : H130204.J24

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------------------------|----------------------------------|--------------------------|
| NC Republican Party State Account | MM / DD / YYYY 01 / 31 / 2014 | 2307.29 |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 2307.29 |
| Transaction ID : H340217.C405060 | |
| ii) Generic Voter Drive | |
| iii) Exempt Activities | |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Fundraising | |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Candidate Support..... | |
| vi) Public Communications Referring Only to Party (Made by PAC) | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| TOTAL This Period (Administrative) | 2307.29 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred)..... | 2307.29 |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

| | | | | | | |
|--|-------------|--|------------------|--|---|--------------|
| A. Full Name (Last, First, Middle Initial) Staples Credit Plan | | Transaction ID : H440130.E42618 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 689020 | | | | Allocated Activity or Event Year-To-Date 1480.27 | | |
| City Des Moines | State IA | Zip Code 50368-9020 | | Date 01 / 22 / 2014 | | |
| Purpose of Disbursement: Office Supplies | | Category/ Type | | | | |
| Activity or Event Identifier: ADMINISTRATION B 31 | | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 9.48 | | | 35.65 | | | 45.13 |

| | | | | | | |
|--|-------------|--|------------------|--|---|--------------|
| B. Full Name (Last, First, Middle Initial) Time Warner Cable | | Transaction ID : H440130.E42619 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 70872 | | | | Allocated Activity or Event Year-To-Date 1515.36 | | |
| City Charlotte | State NC | Zip Code 28272-0872 | | Date 01 / 22 / 2014 | | |
| Purpose of Disbursement: Cable Service | | Category/ Type | | | | |
| Activity or Event Identifier: ADMINISTRATION B 31 | | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 7.37 | | | 27.72 | | | 35.09 |

| | | | | | | |
|--|-------------|--|------------------|--|---|--------------|
| C. Full Name (Last, First, Middle Initial) Triad Telecom | | Transaction ID : H440130.E42620 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 4016-H Battleground Avenue #356 PO Box 2673 | | | | Allocated Activity or Event Year-To-Date 1222.48 | | |
| City Greensboro | State NC | Zip Code 27402-2673 | | Date 01 / 03 / 2014 | | |
| Purpose of Disbursement: Telephone Service | | Category/ Type | | | | |
| Activity or Event Identifier: ADMINISTRATION B 31 | | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 244.43 | | | 919.51 | | | 1163.94 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 261.28 | | 982.88 | | 1244.16 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Form A: City of Raleigh. Transaction ID: H440130.E42621. Allocated Activity or Event: Administrative (checked). Date: 01/03/2014. Total Amount: 58.54.

Form B: Time Warner Cable. Transaction ID: H440130.E42622. Allocated Activity or Event: Administrative (checked). Date: 01/15/2014. Total Amount: 212.66.

Form C: AT&T. Transaction ID: H440130.E42624. Allocated Activity or Event: Administrative (checked). Date: 01/30/2014. Total Amount: 205.20.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 100.04, 376.36, 476.40.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Form A: ADT Security Services. Transaction ID: H440217.E42648. Allocated Activity: Administrative. Year-To-Date: 1758.51. Date: 01/30/2014. Federal Share: 7.97, Nonfederal Share: 29.98, Total Amount: 37.95.

Form B: Triad Telecom. Transaction ID: H440217.E42649. Allocated Activity: Administrative. Year-To-Date: 2920.62. Date: 01/31/2014. Federal Share: 244.04, Nonfederal Share: 918.07, Total Amount: 1162.11.

Form C: Empty form for disbursement entry.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 252.01, 948.05, 1200.06.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 613.33, 2307.29, 2920.62.