

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North Carolina Republican Party

ADDRESS (number and street)

1506 Hillsborough Street

Check if different than previously reported. (ACC)

Raleigh

NC

27605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00038505

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |                                                                |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey A. Morse Jr.

Signature of Treasurer

*Jeffrey A. Morse Jr.*

*[Electronically Filed]*

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**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"/>		69565.27
(b) Cash on Hand at Beginning of Reporting Period.....	218652.60	
(c) Total Receipts (from Line 19) .....	167373.96	7137273.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	386026.56	7206838.37
7. Total Disbursements (from Line 31).....	167826.40	6988638.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	218200.16	218200.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	7327.17	

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).....	28104.58	587273.83
(ii) Unitemized .....	14892.50	325617.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42997.08	912891.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	209175.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	44497.08	1122066.51
12. Transfers From Affiliated/Other Party Committees.....	107796.93	5882936.77
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).....	1346.36	51203.59
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).....	13733.59	81066.23
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	13733.59	81066.23
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	167373.96	7137273.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	153640.37	7056206.87

**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 .....	3650.71	21549.22
(ii) Non-Federal Share.....	13733.59	81066.21
(b) Other Federal Operating Expenditures .....	121484.09	1258273.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	138868.39	1360889.02
22. Transfers to Affiliated/Other Party Committees.....	19453.74	38107.58
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	82109.78
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	1720.00
(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	1720.00
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 .....	9504.27	5505811.83
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	9504.27	5505811.83
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	167826.40	6988638.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	154092.81	6907572.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	44497.08	1122066.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1720.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44497.08	1120346.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	125134.80	1279822.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1346.36	51203.59
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	123788.44	1228619.22

: 97 `A =G7 9 @ @ 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 :

The postage for the Business Reply Mail account is the cost of self-addressed stamped envelopes that were mailed with the direct mail solicitations. The fees associated with the Business Reply Mail account are an annual expense. The allocation of salaries and payroll taxes were for employees who do not spend more than 25% of their compensated time on federal elections or federal election activity. Both employees maintain a daily log to account for their work schedule and neither employee has exceeded spending more than 25% of their time on federal activity. The expenditures for robo call, catering, photos, band, and room for NCGOP fundraising event were expenses for a Party building fundraising event and were not made on behalf of any specifically identified federal candidate. The check in the amount of \$2,600 dated 12/16/14 is shown as a contribution from James Thomas so that the aggregate year-to-date is correct. Thomas Investments is an LLC owned by James Thomas so the donation counts against the aggregate limits of both Thomas Investments and James Thomas. The NC Republican Party made an in-kind contribution to the Republican Party of Louisiana which is shown on Line 22. This transfer reduced the amount on Line 21(b) and Line 30(b) of the Detailed Summary Page by the amount of the in-kind transfer. In order for the cash on hand to be correct, the amount transferred to the Republican Party of Louisiana was entered in the NC Republican Party record as a negative, but that entry does not print on the report. Funds transferred from the Republican National Committee were not earmarked for any particular program. The mileage 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 132  
(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 Adams**

Mailing Address 1215 Audubon Drive

City State Zip Code  
Gastonia NC 28054-6425

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 ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 20 / 2014  
**Transaction ID : 50120.C414793**

Amount of Each Receipt this Period  
250.00

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 ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 12 / 2014  
**Transaction ID : 41219.C414598**

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 4 Deerwood Court

City State Zip Code  
Greensboro NC 27410

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 /  D  D /  Y  Y  Y  Y  
 12 / 08 / 2014  
**Transaction ID : 41219.C414582**

Amount of Each Receipt this Period  
1000.00

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 8 OF 132
	(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) <b>A. Matthew Arnold</b>		Date of Receipt 12 / 08 / 2014 <b>Transaction ID : 41219.C414565</b>
Mailing Address 55230 Broughton		Amount of Each Receipt this Period 150.00
City Chapel Hill	State NC	Zip Code 27517-8563
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Retired	Occupation Sales Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

Full Name (Last, First, Middle Initial) <b>B. Matthew Arnold</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 50120.C414790</b>
Mailing Address 55230 Broughton		Amount of Each Receipt this Period 20.00
City Chapel Hill	State NC	Zip Code 27517-8563
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Retired	Occupation Sales Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Atala</b>		Date of Receipt 12 / 04 / 2014 <b>Transaction ID : 41219.C414525</b>
Mailing Address 345 North Stratford Road		Amount of Each Receipt this Period 1000.00
City Winston Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Wake Forest University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1170.00
<b>TOTAL</b> 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 9 OF 132
	<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. Kevin Austin**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 824  
1841 Hoots Road

City State Zip Code  
Yadkinville NC 27055

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

Name of Employer Occupation  
Austin Enclosures Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1580.00

Date of Receipt  
12 / 04 / 2014  
**Transaction ID : 41219.C414518**

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address PO Box 824  
1841 Hoots Road

City State Zip Code  
Yadkinville NC 27055

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

Name of Employer Occupation  
Austin Enclosures Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1680.00

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 50120.C414786**

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 1655 Plantation Circle

City State Zip Code  
Asheboro NC 27203-7052

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 ▼  
635.00

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : 50120.C414964**

Amount of Each Receipt this Period  
200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 132  
(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. Josephine Barbour**

Mailing Address 292 Meadowlands Drive Apt D

City Hillsborough	State NC	Zip Code 27278-8691
----------------------	-------------	------------------------

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 ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2014

**Transaction ID : 41203.C414483**

Amount of Each Receipt this Period  
30.00

Receipt

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

Mailing Address 725 Arbor Road

City Winston Salem	State NC	Zip Code 27104
-----------------------	-------------	-------------------

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

Name of Employer Self	Occupation Education Consultant
--------------------------	------------------------------------

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
12	/	06	/	2014

**Transaction ID : 41219.C414587**

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 6040 Old Field Drive

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Private Investor
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2014

**Transaction ID : 41219.C414675**

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	730.00
<b>TOTAL</b> 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 132  
(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. Ed Broyhill**

Mailing Address 525 North Hawthorne Road

City State Zip Code  
Winston Salem NC 27104-3224

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 ▼  
3500.00

Date of Receipt  
 /  /   
**Transaction ID : 41219.C414609**

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 1930 Virginia Road

City State Zip Code  
Winston Salem NC 27104-2318

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 ▼  
1750.00

Date of Receipt  
 /  /   
**Transaction ID : 41219.C414608**

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 754 White Farm Road

City State Zip Code  
Oriental NC 28571-9253

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 ▼  
275.00

Date of Receipt  
 /  /   
**Transaction ID : 41201.C414476**

Amount of Each Receipt this Period  
25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1525.00

**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 12 OF 132
	<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. Zan Bunn**

Mailing Address 107 Esplanade Court

City Cary State NC Zip Code 27511-6395

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

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **870.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 18 / 2014**

**Transaction ID : 41219.C414748**

Amount of Each Receipt this Period  
**75.00**

Receipt

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

Mailing Address 417 Park Ridge Road

City Albemarle State NC Zip Code 28001

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

Name of Employer Retired Occupation Corrections

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  
**12 / 19 / 2014**

**Transaction ID : 50120.C414764**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

Mailing Address 1312 Hazelhurst Avenue

City Charlotte State NC Zip Code 28211-3131

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 ▼ **410.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 18 / 2014**

**Transaction ID : 41219.C414738**

Amount of Each Receipt this Period  
**100.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**

**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 13 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

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

Mailing Address 2496 Mountain View Drive

City State Zip Code  
Hickory NC 28602

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 ▼  
220.00

Date of Receipt  
 /  /   
 12 / 18 / 2014  
**Transaction ID : 41219.C414691**

Amount of Each Receipt this Period  
  
 10.00

Receipt

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

Mailing Address 8706 Hwy 742  
PO Box 71

City State Zip Code  
Marshville NC 28103

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 ▼  
500.00

Date of Receipt  
 /  /   
 12 / 15 / 2014  
**Transaction ID : 41219.C414610**

Amount of Each Receipt this Period  
  
 500.00

Receipt

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

Mailing Address 1812 McClure Creek Road

City State Zip Code  
Canton NC 28716

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 ▼  
610.00

Date of Receipt  
 /  /   
 12 / 18 / 2014  
**Transaction ID : 41219.C414740**

Amount of Each Receipt this Period  
  
 10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 520.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 OF 132  
(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. William Cobey**

Mailing Address 248 Cedar Club Circle

City State Zip Code  
Chapel Hill NC 27517-7212

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 ▼  
1080.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 02 / 2014  
**Transaction ID : 41203.C414501**

Amount of Each Receipt this Period  
90.00

Receipt

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

Mailing Address 430 West Mountain Street

City State Zip Code  
Kernersville NC 27284

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  
 12 / 18 / 2014  
**Transaction ID : 41219.C414750**

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address 6432 Rideout Way

City State Zip Code  
Winston Salem NC 27105

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

Name of Employer Occupation  
Hanes Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 15 / 2014  
**Transaction ID : 41219.C414605**

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 890.00

**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 15 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

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

Mailing Address 9737 Ligon Mill Road  
PO Box 210

City Wake Forest State NC Zip Code 27587-4926

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

Name of Employer Utility Service Agency Occupation Manufacturing Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**12 / 23 / 2014**

**Transaction ID : 50120.C414814**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

Mailing Address 1221 North Pea Ridge Road

City Pittsboro State NC Zip Code 27312-7477

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

Name of Employer Lee County Board of Education Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
**12 / 04 / 2014**

**Transaction ID : 41219.C414556**

Amount of Each Receipt this Period  
**75.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Kimberly Cotten-West**

Mailing Address 7580 Long Ridge Road

City Plymouth State NC Zip Code 27962-9069

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

Name of Employer Cotten Enterprise Occupation Clinical Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.00**

Date of Receipt  
**12 / 15 / 2014**

**Transaction ID : 41219.C414643**

Amount of Each Receipt this Period  
**150.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **275.00**

**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 132  
(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. Nancy Coward**

Mailing Address 38 Ridgeway Street

City State Zip Code  
Sylva NC 28779-2946

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 ▼  
300.00

Date of Receipt  
12 / 02 / 2014  
**Transaction ID : 41203.C414485**

Amount of Each Receipt this Period  
25.00

Receipt

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

Mailing Address 38 Ridgeway Street

City State Zip Code  
Sylva NC 28779-2918

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 ▼  
300.00

Date of Receipt  
12 / 02 / 2014  
**Transaction ID : 41203.C414486**

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address 182 Cornatzer Road

City State Zip Code  
Mocksville NC 27028-7125

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

Name of Employer Occupation  
Self General Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 16 / 2014  
**Transaction ID : 41219.C414655**

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

**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 17 OF 132
	<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. Mary Jo Daggitt**

Mailing Address 200 Walter Hagen Drive

City Mebane State NC Zip Code 27302-7158

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 18 / 2014**

**Transaction ID : 41219.C414689**

Amount of Each Receipt this Period  
**100.00**

Receipt

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

Mailing Address 401 Butler Street  
PO Box 37

City Pilot Mountain State NC Zip Code 27041

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

Name of Employer Self Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3060.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 08 / 2014**

**Transaction ID : 41219.C414528**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

Mailing Address 401 Butler Street  
PO Box 37

City Pilot Mountain State NC Zip Code 27041

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

Name of Employer Self Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2014**

**Transaction ID : 41219.C414641**

Amount of Each Receipt this Period  
**150.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 132  
(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. Carson Daves**

Mailing Address 964 Chamberlin Drive

City State Zip Code  
Asheboro NC 27205

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 ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 02 / 2014  
**Transaction ID : 41203.C414496**

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 4080 Beaver Brook Road

City State Zip Code  
Clemmons NC 27012-7501

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

Name of Employer Occupation  
Wells Fargo Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 13 / 2014  
**Transaction ID : 41219.C414602**

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 20 Spring Valley Drive

City State Zip Code  
Arden NC 28704

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

Name of Employer Occupation  
Self Real Estate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 08 / 2014  
**Transaction ID : 41219.C414530**

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 19 OF 132
	<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. Mark Delk**

Mailing Address 20 Spring Valley Drive

City Arden State NC Zip Code 28704

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2014  
**Transaction ID : 41219.C414661**

Amount of Each Receipt this Period  
**200.00**

Receipt

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

Mailing Address 105 Gossman Road Suite 112

City Southern Pines State NC Zip Code 28387

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 ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 50120.C414943**

Amount of Each Receipt this Period  
**220.00**

Receipt

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

Mailing Address 1018 South Hawthorne Road

City Winston Salem State NC Zip Code 27103

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

Name of Employer Wake Forest University Occupation Director of Advancement

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  
 11 / 30 / 2014  
**Transaction ID : 41201.C414477**

Amount of Each Receipt this Period  
**250.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>670.00</b>
<b>TOTAL</b> 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 132
	<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. Jerry Dockham**

Mailing Address **PO Box 265**

City **Denton** State **NC** Zip Code **27239-0265**

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

Name of Employer **NC Utilities Commission** Occupation **Commissioner**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 /  /   
**Transaction ID : 41219.C414607**

Amount of Each Receipt this Period

Receipt

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

Mailing Address **476 Summit Avenue  
PO Box 6141**

City **Statesville** State **NC** Zip Code **28677**

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

Name of Employer **Davie County Schools** Occupation **Teacher**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 /  /   
**Transaction ID : 41219.C414628**

Amount of Each Receipt this Period

Receipt

Full Name (Last, First, Middle Initial)  
**c. Charles Douthit**

Mailing Address **5648 Soft Wind Drive**

City **Fuquay Varina** State **NC** Zip Code **27526**

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

Name of Employer **Douthit & Co, LLC** Occupation **Owner/Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 /  /   
**Transaction ID : 41203.C414490**

Amount of Each Receipt this Period

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: PAGE 21 OF 132  
(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. William Eakins**

Mailing Address PO Box 890

City Asheville State NC Zip Code 28802

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

Name of Employer Patton & Eakins Occupation Lawyer

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  
 12 / 05 / 2014  
**Transaction ID : 41219.C414560**

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 504 Country Club Drive

City Greensboro State NC Zip Code 27408

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 ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2014  
**Transaction ID : 41219.C414564**

Amount of Each Receipt this Period  
75.00

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 ▼  
2450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 50120.C414947**

Amount of Each Receipt this Period  
300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**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 22 OF 132  
(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. Richard Ellison**

Mailing Address 309 Saint Marks Church Road

City State Zip Code  
 Cherryville NC 28021-8443

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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : 41219.C414694**

Amount of Each Receipt this Period  
 100.00

Receipt

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

Mailing Address 3780 Will Scarlet Road

City State Zip Code  
 Winston Salem NC 27104-1649

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

Name of Employer Occupation  
 Self Broadcaster

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  
 12 / 15 / 2014  
**Transaction ID : 41219.C414634**

Amount of Each Receipt this Period  
 500.00

Receipt

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

Mailing Address 250 Hollin Way

City State Zip Code  
 Winston Salem NC 27104

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

Name of Employer Occupation  
 Retired Consultant

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  
 12 / 08 / 2014  
**Transaction ID : 41219.C414533**

Amount of Each Receipt this Period  
 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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 132
	<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. Belvin Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 830 Muddy Creek Road

City Clemmons	State NC	Zip Code 27012-6907
------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Building Contractor
-----------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2014

**Transaction ID : 41219.C414524**

Amount of Each Receipt this Period  
250.00

Receipt

**B. John Fagg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 403 Arbor Road

City Winston Salem	State NC	Zip Code 27104
-----------------------	-------------	-------------------

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

Name of Employer Forsyth Plastic Surgery Assoc	Occupation Physician
---------------------------------------------------	-------------------------

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
12	/	18	/	2014

**Transaction ID : 41219.C414755**

Amount of Each Receipt this Period  
250.00

Receipt

**C. Roger Farina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 Pine Valley Lane

City Sanford	State NC	Zip Code 27332
-----------------	-------------	-------------------

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

Name of Employer Retired	Occupation US Army
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	18	/	2014

**Transaction ID : 41219.C414752**

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 132
	<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. Ada Fisher**

Mailing Address PO Box 777  
425 West Horah Street

City Salisbury State NC Zip Code 28145

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

Name of Employer Self Occupation Health Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 50120.C414785**

Amount of Each Receipt this Period  
20.00

Receipt

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

Mailing Address 299 South Westview Drive

City Winston Salem State NC Zip Code 27104

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

Name of Employer NCDOC Occupation Assistant Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
774.00

Date of Receipt  
12 / 15 / 2014  
**Transaction ID : 41219.C414640**

Amount of Each Receipt this Period  
75.00

Receipt

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

Mailing Address 103-1 Genoes Point Road, SW

City Supply State NC Zip Code 28462-3468

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

Name of Employer Retired Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 18 / 2014  
**Transaction ID : 41219.C414736**

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**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 132  
(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 Gaither**

Mailing Address 1830 North Main Avenue

City State Zip Code  
Newton NC 28658-2922

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

Name of Employer Occupation  
State of NC District Attorney

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  
12 / 10 / 2014  
**Transaction ID : 41219.C414572**

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 2132 Greenbrook Parkway

City State Zip Code  
Matthews NC 28104-7740

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

Name of Employer Occupation  
NC Public Charter Schools Assn Executive Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : 41219.C414559**

Amount of Each Receipt this Period  
150.00

Receipt

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

Mailing Address 1323 Robin Hood Road

City State Zip Code  
High Point NC 27262-7392

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 ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2014  
**Transaction ID : 41219.C414651**

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 26 OF 132
	<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. John Gouch**

Mailing Address 3616 Michigan Avenue

City Charlotte State NC Zip Code 28215

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

Name of Employer Health Care Medical Occupation Dentist

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  
 12 / 09 / 2014  
**Transaction ID : 41219.C414571**

Amount of Each Receipt this Period  
**500.00**

Receipt

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

Mailing Address 2289 Pleasant Ridge Road

City State Road State NC Zip Code 28676

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

Name of Employer Retired Occupation Law Enforcement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : 41219.C414703**

Amount of Each Receipt this Period  
**70.00**

Receipt

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

Mailing Address 1812 Brushy Mountain Road

City Wilkesboro State NC Zip Code 28697-8410

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

Name of Employer Carolina Health Care System Occupation FNP

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  
 12 / 15 / 2014  
**Transaction ID : 41219.C414629**

Amount of Each Receipt this Period  
**500.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **1070.00**

**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 27 OF 132
	<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. Cornelia Groce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Carolina Circle  
 City Winston Salem State NC Zip Code 27104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wells Fargo Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 12 / 08 / 2014  
**Transaction ID : 41219.C414566**  
 Amount of Each Receipt this Period  
 75.00  
 Receipt

**B. James Harrington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3336  
 City Southport State NC Zip Code 28461-7000  
 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 ▼ 235.00

Date of Receipt  
 12 / 23 / 2014  
**Transaction ID : 50120.C414815**  
 Amount of Each Receipt this Period  
 50.00  
 Receipt

**C. John Hazlett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 Galloway Drive  
 City Fayetteville State NC Zip Code 28303-2114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation US Military Retiree  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 31 / 2014  
**Transaction ID : 50120.C414954**  
 Amount of Each Receipt this Period  
 50.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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 28 OF 132
	<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. Kimberley Hendrix**

Mailing Address 1830 Blue Banks Farm Road

City Greenville	State NC	Zip Code 27834
--------------------	-------------	-------------------

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

Name of Employer Productions By Kim	Occupation Event Planner
----------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : 41219.C414601**

Amount of Each Receipt this Period  

800.00
--------

**Receipt**

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

Mailing Address PO Box 3153

City Bald Head Island	State NC	Zip Code 28461-7001
--------------------------	-------------	------------------------

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

Name of Employer Henson Building Corp	Occupation President
------------------------------------------	-------------------------

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
12	/	23	/	2014

**Transaction ID : 50120.C414813**

Amount of Each Receipt this Period  

500.00
--------

**Receipt**

Full Name (Last, First, Middle Initial)  
**c. Donna Higgs**

Mailing Address 1622 Eastwood Drive

City Kannapolis	State NC	Zip Code 28083-6028
--------------------	-------------	------------------------

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

Name of Employer HCL	Occupation Senior Consultant
-------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **716.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2014

**Transaction ID : 41219.C414575**

Amount of Each Receipt this Period  

225.00
--------

**Receipt**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> 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 29 OF 132
	<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. William Huelin**

Mailing Address 8422 Ramath Drive

City	State	Zip Code
Charlotte	NC	28211-5695

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 ▼  
203.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 50120.C414796**

Amount of Each Receipt this Period  
 103.00

Receipt

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

Mailing Address PO Box 277

City	State	Zip Code
Linville	NC	28646-0277

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 ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : 41219.C414695**

Amount of Each Receipt this Period  
 100.00

Receipt

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

Mailing Address 3517 Manford Drive

City	State	Zip Code
Durham	NC	27707-5142

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 ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2014  
**Transaction ID : 41219.C414679**

Amount of Each Receipt this Period  
 50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.00
<b>TOTAL</b> 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 30 OF 132  
(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. Martha Jenkins**

Mailing Address 3615 Moonlight Drive

City State Zip Code  
Chapel Hill NC 27516-5595

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

Name of Employer Occupation  
State of NC Legislative Correspondent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
747.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 02 / 2014  
**Transaction ID : 41203.C414497**

Amount of Each Receipt this Period  
31.00

Receipt

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

Mailing Address 6016 Wolverhampton Drive

City State Zip Code  
Raleigh NC 27603-9295

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

Name of Employer Occupation  
Eckerd's Drug Store Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 19 / 2014  
**Transaction ID : 50120.C414766**

Amount of Each Receipt this Period  
50.00

Receipt

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

Mailing Address 2604 Woodbrook Lane

City State Zip Code  
Charlotte NC 28211

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

Name of Employer Occupation  
CBU Broker/Realtor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 12 / 2014  
**Transaction ID : 41219.C414600**

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 331.00

**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 31 OF 132
	<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. Ronald Joyce**

Mailing Address 4787 Kinnamon Road

City Winston Salem State NC Zip Code 27103

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

Name of Employer Joyce Foods Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
12 / 11 / 2014  
**Transaction ID : 41219.C414546**

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address PO Box 296

City Hampstead State NC Zip Code 28443-0296

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

Name of Employer Self Occupation Property Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
12 / 15 / 2014  
**Transaction ID : 41219.C414633**

Amount of Each Receipt this Period  
75.00

Receipt

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

Mailing Address 21 Sunfish Point

City Greensboro State NC Zip Code 27455

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

Name of Employer None Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : 41219.C414562**

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> 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 32 OF 132  
(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. William Keller**

Mailing Address 459 Chadwick Shores Drive

City State Zip Code  
 Sneads Ferry NC 28460-9203

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

Name of Employer Occupation  
 Retired US Military Retiree

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 50120.C414981**

Amount of Each Receipt this Period  
 250.00

Receipt

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

Mailing Address 223 Oakmont Drive

City State Zip Code  
 Advance NC 27006

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

Name of Employer Occupation  
 Forsyth Plastic Surgery Assoc Surgeon

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  
 12 / 11 / 2014  
**Transaction ID : 41219.C414551**

Amount of Each Receipt this Period  
 250.00

Receipt

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

Mailing Address 10176 NC 50 Highway North

City State Zip Code  
 Angier NC 27501-8139

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 ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 41203.C414498**

Amount of Each Receipt this Period  
 35.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

**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 33 OF 132
	(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. Charles Laughinghouse**

Mailing Address 10512 Island Circle

City Emerald Isle State NC Zip Code 28594-2121

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 ▼  
440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 50120.C414942**

Amount of Each Receipt this Period  
110.00

Receipt

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

Mailing Address 1300 Oak Hill Drive #201B  
PO Box 186

City Wilkesboro State NC Zip Code 28697

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

Name of Employer FEMA Occupation Federal Inspector

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014  
**Transaction ID : 41219.C414642**

Amount of Each Receipt this Period  
75.00

Receipt

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

Mailing Address 379 Divide Drive

City Cashiers State NC Zip Code 28717

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

Name of Employer Retired Occupation Real Estate Sales

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  
 12 / 31 / 2014  
**Transaction ID : 50120.C414956**

Amount of Each Receipt this Period  
75.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> 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 34 OF 132  
(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 Martin**

Mailing Address 458 Beaten Path Road

City State Zip Code  
Mooresville NC 28117

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

Name of Employer Occupation  
Retired Senior Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1120.00

Date of Receipt  
 /  /   
 12 / 16 / 2014  
**Transaction ID : 41219.C414650**

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address 1102 Fleetwood Plaza

City State Zip Code  
Laurel Park NC 28739-8304

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

Name of Employer Occupation  
Retired Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 /  /   
 12 / 03 / 2014  
**Transaction ID : 41203.C414506**

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 1102 Fleetwood Plaza

City State Zip Code  
Laurel Park NC 28739-8304

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

Name of Employer Occupation  
Retired Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 /  /   
 12 / 31 / 2014  
**Transaction ID : 50120.C414945**

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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 35 OF 132
	<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. Richard Maxey**

Mailing Address 8917 Center Grove Place Drive

City	State	Zip Code
Clemmons	NC	27012

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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

**Transaction ID : 41219.C414581**

Amount of Each Receipt this Period  

150.00
--------

Receipt

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

Mailing Address 880 Lillard Road

City	State	Zip Code
Ruffin	NC	27326-9311

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 ▼ **620.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

**Transaction ID : 41219.C414553**

Amount of Each Receipt this Period  

500.00
--------

Receipt

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

Mailing Address 8600 Brittdale Lane Apt 306  
PO Box 30803

City	State	Zip Code
Raleigh	NC	27617-6271

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

Name of Employer	Occupation
Ogletree Deakins Law	Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **790.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2014

**Transaction ID : 41203.C414499**

Amount of Each Receipt this Period  

10.00
-------

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>660.00</b>
<b>TOTAL</b> 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 36 OF 132  
(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. John McLeod**

Mailing Address 111 Border Lee Farm Road

City State Zip Code  
 Cameron NC 28326-7043

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

Name of Employer Occupation  
 McLeod Auto Crushing Owner

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  
 12 / 16 / 2014  
**Transaction ID : 41219.C414653**

Amount of Each Receipt this Period  
 100.00

Receipt

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

Mailing Address 305 Colonial Drive

City State Zip Code  
 Wilmington NC 28403-1207

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

Name of Employer Occupation  
 Retired Stock Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : 41219.C414697**

Amount of Each Receipt this Period  
 200.00

Receipt

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

Mailing Address 773 Brookwood Drive

City State Zip Code  
 Elkin NC 28621-3101

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2014  
**Transaction ID : 41219.C414548**

Amount of Each Receipt this Period  
 500.00

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 37 OF 132
	<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. Frank Minter**

Mailing Address 3308 Mayfield Court

City Winston Salem State NC Zip Code 27104-3960

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

Name of Employer Salem Gymnastics Center Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2014**

**Transaction ID : 41219.C414579**

Amount of Each Receipt this Period  
**250.00**

Receipt

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

Mailing Address PO Box 13786  
5025 Clubhouse Drive

City New Bern State NC Zip Code 28561-3786

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

Name of Employer Self Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2014**

**Transaction ID : 50120.C414957**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

Mailing Address 711 Captain Beam Boulevard

City Hampstead State NC Zip Code 28443

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 ▼ **590.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 50120.C414791**

Amount of Each Receipt this Period  
**20.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>320.00</b>
<b>TOTAL</b> 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 38 OF 132
	<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. Hunter Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Balsam Drive

City Waynesville State NC Zip Code 28786

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

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : 41219.C414594**

Amount of Each Receipt this Period  
**150.00**

Receipt

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

Mailing Address 304 Beechcliff Court

City Winston Salem State NC Zip Code 27104

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

Name of Employer Self Occupation 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  
 12 / 12 / 2014  
**Transaction ID : 41219.C414595**

Amount of Each Receipt this Period  
**500.00**

Receipt

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

Mailing Address 4038 Rutherford Drive

City Charlotte State NC Zip Code 28210-4710

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

Name of Employer Parker, Poe, Adams, Bernstein Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **867.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2014  
**Transaction ID : 41219.C414531**

Amount of Each Receipt this Period  
**150.00**

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 39 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

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

Mailing Address 701 West Parkway Avenue

City High Point	State NC	Zip Code 27262-2923
--------------------	-------------	------------------------

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

Name of Employer Carolina Anesthesiology	Occupation Physician
---------------------------------------------	-------------------------

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  
**12 / 18 / 2014**  
**Transaction ID : 41219.C414692**

Amount of Each Receipt this Period  
**100.00**

Receipt

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

Mailing Address 522 Preserve Point Southwest

City Ocean Isle Beach	State NC	Zip Code 28469
--------------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Executive
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **705.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2014**  
**Transaction ID : 41203.C414511**

Amount of Each Receipt this Period  
**150.00**

Receipt

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

Mailing Address 2811 Surich Drive

City Burlington	State NC	Zip Code 27215
--------------------	-------------	-------------------

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 ▼ **470.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2014**  
**Transaction ID : 41219.C414637**

Amount of Each Receipt this Period  
**150.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 40 OF 132
	<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. Derek Partee**  
Full Name (Last, First, Middle Initial)

Mailing Address 11228 Canoe Cove Lane

City State Zip Code  
Huntersville NC 28078-2329

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

Name of Employer Occupation  
City Wide Investigations Private Investigator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
**12 / 11 / 2014**  
Transaction ID : **41219.C414580**

Amount of Each Receipt this Period  
**150.00**

Receipt

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

Mailing Address 4252 Wayne Road

City State Zip Code  
Greensboro NC 27407-7331

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

Name of Employer Occupation  
NCUC Utilities Commission

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**12 / 03 / 2014**  
Transaction ID : **41203.C414509**

Amount of Each Receipt this Period  
**150.00**

Receipt

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

Mailing Address 2146 Sharon Lane

City State Zip Code  
Charlotte NC 28211-3736

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

Name of Employer Occupation  
Retired Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
**12 / 18 / 2014**  
Transaction ID : **41219.C414687**

Amount of Each Receipt this Period  
**200.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

**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 41 OF 132
	<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. Barbara Perry**

Mailing Address 1207 Country Club Drive

City Kinston State NC Zip Code 28504-2646

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

Name of Employer Retired Occupation Attorney

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  
**12 / 31 / 2014**

**Transaction ID : 50120.C414797**

Amount of Each Receipt this Period  
**100.00**

Receipt

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

Mailing Address 4712 Hollister Drive

City Greensboro State NC Zip Code 27409-8019

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

Name of Employer Xact Controls, Inc. Occupation Small Business Owner

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  
**12 / 18 / 2014**

**Transaction ID : 41219.C414705**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

Mailing Address 4159 Popes Crossing Road

City Lumberton State NC Zip Code 28358

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

Name of Employer Retired Occupation Volunteer Organizer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **170.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2014**

**Transaction ID : 41219.C414626**

Amount of Each Receipt this Period  
**150.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 42 OF 132
	<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) <b>A. Claude Pope</b>		Date of Receipt 12 / 01 / 2014 <b>Transaction ID : 50120.C415294</b>
Mailing Address PO Box 3285		Amount of Each Receipt this Period 230.58
City Bald Head Island	State NC	Zip Code 28461-7002
FEC ID number of contributing federal political committee. C	In-Kind Food for NCGOP Meeting	
Name of Employer Maritime Market Ventures, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.58	

Full Name (Last, First, Middle Initial) <b>B. Claude Pope</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 50120.C414784</b>
Mailing Address PO Box 3285		Amount of Each Receipt this Period 20.00
City Bald Head Island	State NC	Zip Code 28461-7002
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Maritime Market Ventures, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.58	

Full Name (Last, First, Middle Initial) <b>C. John Powell</b>		Date of Receipt 12 / 11 / 2014 <b>Transaction ID : 41219.C414550</b>
Mailing Address 2230 Carmel Road		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Self	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.58
<b>TOTAL</b> 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 43 OF 132  
(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 Proctor**

Mailing Address 821 Wells Road

City State Zip Code  
 Whitakers NC 27891

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

Name of Employer Occupation  
 State of NC Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 41203.C414500**

Amount of Each Receipt this Period  
 10.00

Receipt

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

Mailing Address 925 Bala Lane

City State Zip Code  
 Wilmington NC 28409

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 ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 50120.C414763**

Amount of Each Receipt this Period  
 50.00

Receipt

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

Mailing Address 23 Tannenbaum Circle

City State Zip Code  
 Greensboro NC 27410-9686

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

Name of Employer Occupation  
 Holden & Mickey Marketing Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2014  
**Transaction ID : 41219.C414577**

Amount of Each Receipt this Period  
 75.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

**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 44 OF 132  
(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. Barbara Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4803 Von Court  
 City State Zip Code  
 Monroe NC 28110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Charlotte Latin School Receptionist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 41203.C414503**  
 Amount of Each Receipt this Period  
 50.00  
 Receipt

**B. Robert Rudolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1238 Wood Lily Circle  
 City State Zip Code  
 Leland NC 28451-7686  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : 41219.C414685**  
 Amount of Each Receipt this Period  
 100.00  
 Receipt

**C. Elaine Saleeby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 South Churchill Drive  
 City State Zip Code  
 Fayetteville NC 28303-5006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ELS Group, LLC Owner  
 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  
 12 / 19 / 2014  
**Transaction ID : 50120.C414760**  
 Amount of Each Receipt this Period  
 200.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 45 OF 132
	<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. Margaret Sandrock**

Mailing Address 1189 Titan Roberts Road

City Lillington State NC Zip Code 27546-7868

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

Name of Employer Lee County Occupation Veterans Service Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **12 / 08 / 2014**

**Transaction ID : 41219.C414570**

Amount of Each Receipt this Period **75.00**

Receipt

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

Mailing Address 1189 Titan Roberts Road

City Lillington State NC Zip Code 27546-7868

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

Name of Employer Lee County Occupation Veterans Service Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 41219.C414593**

Amount of Each Receipt this Period **10.00**

Receipt

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

Mailing Address 3450 Kirklees Road  
PO Box 21089

City Winston Salem State NC Zip Code 27104

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

Name of Employer Forsyth County Occupation Sheriff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 15 / 2014**

**Transaction ID : 41219.C414606**

Amount of Each Receipt this Period **500.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **585.00**

**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 46 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) <b>A. Fred Schmidt</b>		Date of Receipt 12 / 04 / 2014 <b>Transaction ID : 41219.C414517</b>
Mailing Address 240 Village Court		Amount of Each Receipt this Period 150.00
City Burlington	State NC	Zip Code 27215
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Phil Shugart</b>		Date of Receipt 12 / 11 / 2014 <b>Transaction ID : 41219.C414586</b>
Mailing Address 2700 Windsor Road		Amount of Each Receipt this Period 500.00
City Winston Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer CLC Corp	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. H. Dean Sink</b>		Date of Receipt 12 / 03 / 2014 <b>Transaction ID : 41203.C414510</b>
Mailing Address 5251 River Road		Amount of Each Receipt this Period 500.00
City Jamestown	State NC	Zip Code 27282-8905
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Mickey Truck Bodies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 47 OF 132
	<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. Daniel Smith**

Mailing Address 300 Church Street East

City Ahoskie State NC Zip Code 27910-3520

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

Name of Employer Ahoskie Christian Center Occupation Pastor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 08 / 2014**

**Transaction ID : 41219.C414535**

Amount of Each Receipt this Period  
**25.00**

Receipt

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

Mailing Address PO Box 356  
5021 Elk Park Highway

City Elk Park State NC Zip Code 28622

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

Name of Employer Self Occupation Nursery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2014**

**Transaction ID : 41219.C414576**

Amount of Each Receipt this Period  
**150.00**

Receipt

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

Mailing Address 101 Scenic Ridge Place

City King State NC Zip Code 27021

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

Name of Employer State of NC Occupation District Court Judge

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  
**12 / 08 / 2014**

**Transaction ID : 41219.C414569**

Amount of Each Receipt this Period  
**150.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **325.00**

**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 48 OF 132
	<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. Celeste Stanley**

Mailing Address 2941 Saint Claire Road

City Winston Salem State NC Zip Code 27106-5037

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 ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : 41219.C414561**

Amount of Each Receipt this Period  
**75.00**

Receipt

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

Mailing Address 2941 Saint Claire Road

City Winston Salem State NC Zip Code 27106-5037

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 ▼ **335.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 50120.C414787**

Amount of Each Receipt this Period  
**20.00**

Receipt

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

Mailing Address 105 Kyleway Drive

City Chapel Hill State NC Zip Code 27517

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

Name of Employer Self Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2014**

**Transaction ID : 41219.C414632**

Amount of Each Receipt this Period  
**250.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>345.00</b>
<b>TOTAL</b> 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 49 OF 132
	<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. Rosemary Stein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5837 Laurel Ridge Drive

City Snow Camp	State NC	Zip Code 27349
-------------------	-------------	-------------------

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

Name of Employer IFC Pediatrics	Occupation Physician
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2014

**Transaction ID : 41219.C414554**

Amount of Each Receipt this Period  
75.00

Receipt

**B. Rosemary Stein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5837 Laurel Ridge Drive

City Snow Camp	State NC	Zip Code 27349
-------------------	-------------	-------------------

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

Name of Employer IFC Pediatrics	Occupation Physician
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2014

**Transaction ID : 41219.C414555**

Amount of Each Receipt this Period  
500.00

Receipt

**C. Rosemary Stein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5837 Laurel Ridge Drive

City Snow Camp	State NC	Zip Code 27349
-------------------	-------------	-------------------

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

Name of Employer IFC Pediatrics	Occupation Physician
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2785.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 50120.C414788**

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.00
<b>TOTAL</b> 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 50 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

**A. John Steward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Salmon River Road  
 City Monroe State NC Zip Code 28110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Federal Express Occupation Courier  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **265.00**

Date of Receipt **12 / 18 / 2014**  
**Transaction ID : 41219.C414754**  
 Amount of Each Receipt this Period **75.00**  
 Receipt

**B. George Stronach**  
 Full Name (Last, First, Middle Initial)  
 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 **1000.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : 41219.C414590**  
 Amount of Each Receipt this Period **500.00**  
 Receipt

**C. Ann Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Wildwood Drive  
 City Goldsboro State NC Zip Code 27530  
 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 **510.00**

Date of Receipt **12 / 08 / 2014**  
**Transaction ID : 41219.C414529**  
 Amount of Each Receipt this Period **10.00**  
 Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>585.00</b>
<b>TOTAL</b> 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 51 OF 132
	<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. Ann Sullivan**

Mailing Address 103 Wildwood Drive

City State Zip Code  
Goldsboro NC 27530

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 ▼  
585.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014  
**Transaction ID : 41219.C414578**

Amount of Each Receipt this Period  
75.00

Receipt

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

Mailing Address 103 Wildwood Drive

City State Zip Code  
Goldsboro NC 27530

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 ▼  
605.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 50120.C414783**

Amount of Each Receipt this Period  
20.00

Receipt

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

Mailing Address 1002 Fairley Street

City State Zip Code  
Southport NC 28461-2695

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

Name of Employer Occupation  
Retired Commissioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
437.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014  
**Transaction ID : 50120.C414963**

Amount of Each Receipt this Period  
25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**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 52 OF 132
	<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. Garry Terry**

Mailing Address 3144 US Highway 13 North

City	State	Zip Code
Ahoskie	NC	27910-9289

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

Name of Employer	Occupation
NC DOC	Ag Field Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2014

**Transaction ID : 41219.C414574**

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 3144 US Highway 13 North

City	State	Zip Code
Ahoskie	NC	27910-9289

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

Name of Employer	Occupation
NC DOC	Ag Field Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1097.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 50120.C414789**

Amount of Each Receipt this Period  
20.00

Receipt

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

Mailing Address 2093 Lapham Drive

City	State	Zip Code
Leland	NC	28451-9454

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

Name of Employer	Occupation
Retired	Law Enforcement

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
12	/	18	/	2014

**Transaction ID : 41219.C414686**

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> 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 53 OF 132  
(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. Cornelius Vanstory**

Mailing Address 4724 Rembert Drive

City Raleigh State NC Zip Code 27612-6234

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 ▼ **300.00**

Date of Receipt  
**12 / 18 / 2014**  
**Transaction ID : 41219.C414688**

Amount of Each Receipt this Period  
**100.00**

Receipt

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

Mailing Address 4837 NC Hwy 704

City Madison State NC Zip Code 27025-8156

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

Name of Employer None Occupation Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt  
**12 / 15 / 2014**  
**Transaction ID : 41219.C414616**

Amount of Each Receipt this Period  
**100.00**

Receipt

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

Mailing Address 1000 Deerfield Road

City Raleigh State NC Zip Code 27609-5429

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 ▼ **305.00**

Date of Receipt  
**12 / 18 / 2014**  
**Transaction ID : 41219.C414744**

Amount of Each Receipt this Period  
**60.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **260.00**

**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 54 OF 132  
(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. Emily Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 Patterson Road  
 City Durham State NC Zip Code 27704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vadum Inc. Occupation Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2014  
**Transaction ID : 41219.C414558**  
 Amount of Each Receipt this Period  
 750.00  
 Receipt

**B. William Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Springmoor Drive  
 City Raleigh State NC Zip Code 27615-4324  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2014  
**Transaction ID : 50120.C414863**  
 Amount of Each Receipt this Period  
 250.00  
 Receipt

**C. Charles Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6650 Blue Quartz Drive  
 City Thomasville State NC Zip Code 27360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Purchasing Agent  
 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  
 12 / 18 / 2014  
**Transaction ID : 41219.C414706**  
 Amount of Each Receipt this Period  
 50.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 55 OF 132
	<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. Calvin Winslow**  
Full Name (Last, First, Middle Initial)

Mailing Address 128 Cypress Road

City Merry Hill State NC Zip Code 27957-9515

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

Name of Employer Self Occupation Forestry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2014  
**Transaction ID : 41219.C414654**

Amount of Each Receipt this Period 150.00

Receipt

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

Mailing Address 619 Newbern Court

City Burlington State NC Zip Code 27215-4400

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2014  
**Transaction ID : 41219.C414690**

Amount of Each Receipt this Period 200.00

Receipt

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

Mailing Address 193 Valley Stran Drive

City Boone State NC Zip Code 28607

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

Name of Employer Self Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt 12 / 11 / 2014  
**Transaction ID : 41219.C414549**

Amount of Each Receipt this Period 500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28104.58

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

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

FOR LINE NUMBER: PAGE 56 OF 132  
(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.** Full Name (Last, First, Middle Initial)  
**The Geo Group, Inc. PAC**

Mailing Address **621 Northwest 53rd Street**

City **Boca Raton** State **FL** Zip Code **33487**

FEC ID number of contributing federal political committee. **C C00382150**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**12 / 15 / 2014**

**Transaction ID : 41219.C414611**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1500.00</b>



**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 57 OF 132
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Republican National Committee**

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 ▼  
**3432985.83**

Date of Receipt  
**12 / 01 / 2014**

**Transaction ID : 41203.C414505**

Amount of Each Receipt this Period  
**63730.00**

Transfers From Affil./Auth.

Full Name (Last, First, Middle Initial)  
**B. Thom Tillis Victory Committee**

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624-

FEC ID number of contributing federal political committee. **C C00564633**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**687884.33**

Date of Receipt  
**12 / 30 / 2014**

**Transaction ID : 50120.C414889**

Amount of Each Receipt this Period  
**376.64**

Transfers From Affil./Auth.

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

Mailing Address 228 South Washington Street Suite

City Alexandria State VA Zip Code 22314-

FEC ID number of contributing federal political committee. **C C00566513**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**736579.02**

Date of Receipt  
**12 / 16 / 2014**

**Transaction ID : 41219.C414664**

Amount of Each Receipt this Period  
**43690.29**

Transfers From Affil./Auth.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>107796.93</b>
<b>TOTAL</b> 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 58 OF 132
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Elizabeth Bechtel**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 193809

City San Francisco State CA Zip Code 94119-3809

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 12 / 16 / 2014  
**Transaction ID : 41219.C414666**

Amount of Each Receipt this Period 10000.00

Transfer Memo  
**[MEMO ITEM]**

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

Mailing Address 201 Main Street Suite 2700

City Fort Worth State TX Zip Code 76102-

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

Name of Employer Lee M. Bass, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.69

Date of Receipt 12 / 16 / 2014  
**Transaction ID : 41219.C414670**

Amount of Each Receipt this Period 2307.69

Transfer Memo  
**[MEMO ITEM]**

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

Mailing Address Thomas Investments Partners  
515 South Flower Street

City Los Angeles State CA Zip Code 90071-

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

Name of Employer Self Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 16 / 2014  
**Transaction ID : 41219.C414757**

Amount of Each Receipt this Period 2600.00

Transfer Memo  
**[MEMO ITEM]**  
Check from Thomas Investments

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 59 OF 132
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Al Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Highland Park Village #200

City Dallas	State TX	Zip Code 75205-
----------------	-------------	--------------------

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

Name of Employer Self	Occupation Investor
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

**Transaction ID : 41219.C414669**

Amount of Each Receipt this Period  
10000.00

Transfer Memo  
**[MEMO ITEM]**

**B. Stephen Bechtel**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 193809

City San Francisco	State CA	Zip Code 94119-3809
-----------------------	-------------	------------------------

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

Name of Employer The Fremont Group	Occupation Chairman
---------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

**Transaction ID : 41219.C414667**

Amount of Each Receipt this Period  
10000.00

Transfer Memo  
**[MEMO ITEM]**

**C. Shawn Krause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3345 Parkland Drive

City West Bloomfield	State MI	Zip Code 48322-
-------------------------	-------------	--------------------

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

Name of Employer Quicken Loans	Occupation Executive VP
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

**Transaction ID : 41219.C414668**

Amount of Each Receipt this Period  
10000.00

Transfer Memo  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 60 OF 132
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Gordon Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 8611 Country Club Drive

City Bethesda State MD Zip Code 20817-

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

Name of Employer Smith Frozen Foods Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2014  
**Transaction ID : 41219.C414671**

Amount of Each Receipt this Period  
 384.62

Transfer Memo  
**[MEMO ITEM]**

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

Mailing Address 8611 Country Club Drive

City Bethesda State MD Zip Code 20817-

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

Name of Employer Smith Frozen Foods Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2014  
**Transaction ID : 41219.C414672**

Amount of Each Receipt this Period  
 384.62

Transfer Memo  
**[MEMO ITEM]**

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	107796.93

**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 61 OF 132
<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. Ms. Kimberly Canady**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 585 Cecil Road  
 City Wendell State NC Zip Code 27591-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thom Tillis Committee Occupation Political Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3581.56**

Date of Receipt **12 / 16 / 2014**  
**Transaction ID : 41219.C414663**  
 Amount of Each Receipt this Period **349.65**  
 Offsets to Operating Expenditu  
 Note:Health Insurance Reimburs

**B. Duke Energy Progress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1003  
 City Charlotte State NC Zip Code 28211-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **121.97**

Date of Receipt **12 / 22 / 2014**  
**Transaction ID : 50120.C414861**  
 Amount of Each Receipt this Period **121.97**  
 Offsets to Operating Expenditu  
 Note:Refund for Utilities

**C. Duke Energy Progress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1003  
 City Charlotte State NC Zip Code 28211-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.90**

Date of Receipt **12 / 31 / 2014**  
**Transaction ID : 50120.C414795**  
 Amount of Each Receipt this Period **238.93**  
 Offsets to Operating Expenditu  
 Note:Refund for Utilities

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>710.55</b>
<b>TOTAL</b> 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 62 OF 132
<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. Mr. Steven C. Estep**  
Full Name (Last, First, Middle Initial)

Mailing Address 7085 High Meadow Drive

City Weddington State NC Zip Code 28104-9533

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

Name of Employer NC Republican Party Occupation Regional Field Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1231.08**

Date of Receipt **12 / 16 / 2014**  
**Transaction ID : 41219.C414665**

Amount of Each Receipt this Period **349.65**

Offsets to Operating Expenditu

Note:Health Insurance Reimburs

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

Mailing Address PO Box 70872

City Charlotte State NC Zip Code 28272-0872

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **353.58**

Date of Receipt **12 / 15 / 2014**  
**Transaction ID : 41219.C414604**

Amount of Each Receipt this Period **228.58**

Offsets to Operating Expenditu

Note:Refund for Internet

**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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>578.23</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1288.78</b>

**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

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47780**

Amount of Each Disbursement this Period

96.82

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 Taxes

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  
11 / 28 / 2014

**Transaction ID : 50120.E47776**

Amount of Each Disbursement this Period

1997.94

PAYROLL TAXES

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

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47778**

Amount of Each Disbursement this Period

810.86

PAYROLL TAXES

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

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

2905.62

**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 Taxes

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47694**

Amount of Each Disbursement this Period

5663.47

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

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47695**

Amount of Each Disbursement this Period

86.00

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 Professional Fee

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47783**

Amount of Each Disbursement this Period

105.66

PAYROLL PROFESSIONAL FEE

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

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

5855.13



**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

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47781**

Amount of Each Disbursement this Period

4765.51

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 Taxes

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 Y  
12 / 31 / 2014

**Transaction ID : 50120.E47710**

Amount of Each Disbursement this Period

5265.24

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

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47711**

Amount of Each Disbursement this Period

84.20

PAYROLL PROFESSIONAL FEE

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

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

10114.95

**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  
12 / 31 / 2014

**Transaction ID : 50120.E47787**

Amount of Each Disbursement this Period

94.61

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 Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2014

**Transaction ID : 50120.E47786**

Amount of Each Disbursement this Period

540.23

PAYROLL TAXES

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  
12 / 31 / 2014

**Transaction ID : 50120.E47784**

Amount of Each Disbursement this Period

4466.05

PAYROLL TAXES

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

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

5100.89

**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

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47815**

Amount of Each Disbursement this Period

14.00

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

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47709**

Amount of Each Disbursement this Period

85.09

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  
Service Charge

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47823**

Amount of Each Disbursement this Period

158.97

SERVICE CHARGE

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

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

258.06

**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

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47816**

Amount of Each Disbursement this Period

14.00

SERVICE CHARGE

Full Name (Last, First, Middle Initial)

**B. Ms. Ashley Monroe Beaver**

Mailing Address 401 North Church Street Unit 407

City Charlotte State NC Zip Code 28202-

Purpose of Disbursement  
Fundraising Commission

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  
12 / 10 / 2014

**Transaction ID : 50121.E47824**

Amount of Each Disbursement this Period

987.50

FUNDRAISING COMMISSION

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

M M / D D / Y Y Y Y Y  
12 / 03 / 2014

**Transaction ID : 50120.E47544**

Amount of Each Disbursement this Period

2741.36

EMPLOYEE MEDICAL INSURANCE

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

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

3742.86

**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. 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

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2014			

**Transaction ID : 50120.E47728**

Amount of Each Disbursement this Period

2447.55
---------

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

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2014			

**Transaction ID : 50120.E47549**

Amount of Each Disbursement this Period

2447.55
---------

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

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2014			

**Transaction ID : 50120.E47541**

Amount of Each Disbursement this Period

2447.55
---------

EMPLOYEE MEDICAL INSURANCE

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

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

7342.65
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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. William A. Bode**

Mailing Address 1757-D Metromedical Drive

City Fayetteville State NC Zip Code 28304-

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47696**

Amount of Each Disbursement this Period

945.84

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. William A. Bode**

Mailing Address 1757-D Metromedical Drive

City Fayetteville State NC Zip Code 28304-

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 Y  
12 / 31 / 2014

**Transaction ID : 50120.E47712**

Amount of Each Disbursement this Period

945.85

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Ms. Carrie A. Brown**

Mailing Address 5101 Trinity Knoll Road Apt 305

City Raleigh State NC Zip Code 27605-

Purpose of Disbursement  
Travel & 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 Y  
12 / 10 / 2014

**Transaction ID : 50120.E47742**

Amount of Each Disbursement this Period

150.00

TRAVEL & SEE BELOW

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

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

2041.69

**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

M M M	/	D D D	/	Y Y Y Y Y
12		10		2014

**Transaction ID : 50120.E47743**

Amount of Each Disbursement this Period

100.00
--------

**[MEMO ITEM]**  
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

**B. Ms. Carrie A. Brown**

Mailing Address 5101 Trinity Knoll Road Apt 305

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

M M M	/	D D D	/	Y Y Y Y Y
12		15		2014

**Transaction ID : 50120.E47697**

Amount of Each Disbursement this Period

1665.67
---------

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Ms. Carrie A. Brown**

Mailing Address 5101 Trinity Knoll Road Apt 305

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

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 50120.E47713**

Amount of Each Disbursement this Period

1665.68
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PAYROLL

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

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

3331.35
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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. Christopher G. Bullard**

Mailing Address 1012 Knollwood Street

City Winston Salem State NC Zip Code 27103-

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47698**

Amount of Each Disbursement this Period

995.21

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher G. Bullard**

Mailing Address 1012 Knollwood Street

City Winston Salem State NC Zip Code 27103-

Purpose of Disbursement  
Travel & 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 Y  
12 / 16 / 2014

**Transaction ID : 50120.E47749**

Amount of Each Disbursement this Period

186.55

TRAVEL & SEE BELOW

Full Name (Last, First, Middle Initial)

**C. 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

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 50120.E47750**

Amount of Each Disbursement this Period

49.38

**[MEMO ITEM]**  
MEMO: CELL PHONE CHARGES

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

1181.76

**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. 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	/	D	D	/	Y	Y	Y	Y
12			16			2014			

Transaction ID : 50120.E47751

Amount of Each Disbursement this Period

65.35
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**[MEMO ITEM]**  
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher G. Bullard**

Mailing Address 1012 Knollwood Street

City State Zip Code  
Winston Salem NC 27103-

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
12			31			2014			

Transaction ID : 50120.E47714

Amount of Each Disbursement this Period

995.22
--------

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Catawba County Republican Party**

Mailing Address PO Box 3175

City State Zip Code  
Hickory NC 28603-

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

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2014			

Transaction ID : 50120.E47741

Amount of Each Disbursement this Period

180.00
--------

OFFICE RENTAL-USUAL & NORMAL CHARGE

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

1175.22
---------

**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. Catawba Direct Marketing Solutions**

Mailing Address 1215 15th Street Drive NE  
PO Box 9001

City Hickory State NC Zip Code 28603-

Purpose of Disbursement  
Donor Direct Mail Expense

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 Y  
12 / 09 / 2014

**Transaction ID : 50120.E47651**

Amount of Each Disbursement this Period

2437.57

DONOR DIRECT MAIL EXPENSE

Full Name (Last, First, Middle Initial)

**B. Charter Communications**

Mailing Address PO Box 742600

City Cincinnati State OH Zip Code 45274-2600

Purpose of Disbursement  
Internet Service

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 Y  
12 / 09 / 2014

**Transaction ID : 50120.E47740**

Amount of Each Disbursement this Period

117.27

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

**C. Mr. Ian C. Choiniere**

Mailing Address 6041 Fairfield Oaks Lane

City Pfafftown State NC Zip Code 27040-

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47699**

Amount of Each Disbursement this Period

970.53

PAYROLL

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

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

3525.37

**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. Ian C. Choiniere**

Mailing Address 6041 Fairfield Oaks Lane

City Pfafftown State NC Zip Code 27040-

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 Y  
12 / 31 / 2014

**Transaction ID : 50120.E47715**

Amount of Each Disbursement this Period

970.54

PAYROLL

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2014

**Transaction ID : 50120.E47542**

Amount of Each Disbursement this Period

1473.03

COMPUTER SUPPORT

Full Name (Last, First, Middle Initial)

**C. Duke Energy Progress**

Mailing Address PO Box 1003

City Charlotte State NC Zip Code 28211-1003

Purpose of Disbursement  
Utilities

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 Y  
12 / 03 / 2014

**Transaction ID : 50120.E47727**

Amount of Each Disbursement this Period

168.59

UTILITIES

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

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

2612.16

**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. Embassy Suites-Winston-Salem**

Mailing Address 460 North Cherry Street

City Winston Salem State NC Zip Code 27101-

Purpose of Disbursement  
Room/Catering for NCGOP Fund. Event

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 Y  
12 / 03 / 2014

**Transaction ID : 50120.E47539**

Amount of Each Disbursement this Period

5818.73

ROOM/CATERING FOR NCGOP FUND. EVENT

Full Name (Last, First, Middle Initial)

**B. Erie Insurance Group**

Mailing Address 100 Erie Insurance Place

City Erie State PA Zip Code 16530-

Purpose of Disbursement  
Personal Property Insurance

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 Y  
12 / 29 / 2014

**Transaction ID : 50120.E47655**

Amount of Each Disbursement this Period

1057.17

PERSONAL PROPERTY INSURANCE

Full Name (Last, First, Middle Initial)

**C. Evault, Inc.**

Mailing Address Dept. LA 22257

City Pasadena State CA Zip Code 91185-2257

Purpose of Disbursement  
Computer Backup Protection

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 Y  
12 / 16 / 2014

**Transaction ID : 50120.E47548**

Amount of Each Disbursement this Period

153.44

COMPUTER BACKUP PROTECTION

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

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

7029.34

**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. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2014

**Transaction ID : 50120.E47764**

Amount of Each Disbursement this Period

45.43

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2014

**Transaction ID : 50120.E47765**

Amount of Each Disbursement this Period

44.84

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2014

**Transaction ID : 50120.E47766**

Amount of Each Disbursement this Period

30.07

ONLINE CREDIT CARD FEES

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

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

120.34

# 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. Eventbrite

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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
12		07		2014

Transaction ID : 50120.E47767

Amount of Each Disbursement this Period

5.12
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ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

### B. Eventbrite

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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
12		08		2014

Transaction ID : 50120.E47768

Amount of Each Disbursement this Period

80.91
-------

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

### C. Eventbrite

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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
12		09		2014

Transaction ID : 50120.E47769

Amount of Each Disbursement this Period

24.95
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ONLINE CREDIT CARD FEES

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

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

110.98
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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. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 10 / 2014

**Transaction ID : 50120.E47770**

Amount of Each Disbursement this Period

95.98

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 11 / 2014

**Transaction ID : 50120.E47772**

Amount of Each Disbursement this Period

202.13

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 12 / 2014

**Transaction ID : 50120.E47773**

Amount of Each Disbursement this Period

49.96

ONLINE CREDIT CARD FEES

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

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

348.07

**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. Eventbrite**

Mailing Address 651 Brannan Street

City San Francisco State CA Zip Code 94107-1532

Purpose of Disbursement  
Online Credit Card Fees

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
12		13		2014

**Transaction ID : 50120.E47774**

Amount of Each Disbursement this Period

19.86
-------

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Exit 180 Band**

Mailing Address 113 Longwood Drive

City Advance State NC Zip Code 27006-

Purpose of Disbursement  
Band at NCGOP Fund. Event

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
12		22		2014

**Transaction ID : 50120.E47650**

Amount of Each Disbursement this Period

2100.00
---------

BAND AT NCGOP FUND. EVENT

Full Name (Last, First, Middle Initial)

**C. Federal Express**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement  
Postage/Shipping

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
12		03		2014

**Transaction ID : 50120.E47725**

Amount of Each Disbursement this Period

13.50
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POSTAGE/SHIPPING

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

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

2133.36
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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. Federal Express**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement  
Postage/Shipping Check

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2014

**Transaction ID : 50120.E47726**

Amount of Each Disbursement this Period

918.01

POSTAGE/SHIPPING CHECK

Full Name (Last, First, Middle Initial)

**B. Federal Express**

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement  
Postage/Shipping Check

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2014

**Transaction ID : 50120.E47596**

Amount of Each Disbursement this Period

52.87

POSTAGE/SHIPPING CHECK

Full Name (Last, First, Middle Initial)

**C. Forsyth County Republican Party**

Mailing Address PO Box 5841

City Winston Salem State NC Zip Code 27113-

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  
12 / 09 / 2014

**Transaction ID : 50120.E47739**

Amount of Each Disbursement this Period

825.00

OFFICE RENTAL-USUAL & NORMAL CHARGE

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

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

918.01

**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. Global Affinity Corp**

Mailing Address 19520 West Catawba Avenue, Suite 1

City State Zip Code  
Cornelius NC 28031-

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

M M M / D D D / Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 50120.E47738**

Amount of Each Disbursement this Period

550.00

OFFICE RENTAL-USUAL & NORMAL CHARGE

Full Name (Last, First, Middle Initial)

**B. Guilford County Republican Party**

Mailing Address 3950 West Market Street

City State Zip Code  
Greensboro NC 27407-

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

M M M / D D D / Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 50120.E47737**

Amount of Each Disbursement this Period

600.00

OFFICE RENTAL-USUAL & NORMAL CHARGE

Full Name (Last, First, Middle Initial)

**C. Ms. Colleen Hodgman**

Mailing Address 1103 Nichols Drive

City State Zip Code  
Raleigh NC 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

M M M / D D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47792**

Amount of Each Disbursement this Period

1144.36

PAYROLL

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

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

2294.36

**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 1103 Nichols Drive

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

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47793**

Amount of Each Disbursement this Period

1144.36

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Ms. Colleen Hodgman**

Mailing Address 1103 Nichols Drive

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

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47794**

Amount of Each Disbursement this Period

500.00

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Ms. Colleen Hodgman**

Mailing Address 1103 Nichols Drive

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

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 50120.E47670**

Amount of Each Disbursement this Period

1149.83

PAYROLL

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

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

2794.19

**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 1103 Nichols Drive

City Raleigh State NC Zip Code 27605-

Purpose of Disbursement  
Mileage & 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
12			16			2014			

**Transaction ID : 50120.E47661**

Amount of Each Disbursement this Period

1063.32
---------

MILEAGE & SEE BELOW

Full Name (Last, First, Middle Initial)

**B. Embassy Suites-Winston-Salem**

Mailing Address 460 North Cherry Street

City Winston Salem State NC Zip Code 27101-

Purpose of Disbursement  
Catering for NCGOP Fund. Event

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
12			16			2014			

**Transaction ID : 50120.E47662**

Amount of Each Disbursement this Period

662.55
--------

**[MEMO ITEM]**  
MEMO: CATERING FOR NCGOP FUND. EVENT

Full Name (Last, First, Middle Initial)

**C. FLS Connect LLC**

Mailing Address 7300 Hudson Boulevard Suite 270

City Saint Paul State MN Zip Code 55128-

Purpose of Disbursement  
Robo Call for NCGOP Fund. Event

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
12			16			2014			

**Transaction ID : 50120.E47663**

Amount of Each Disbursement this Period

300.00
--------

**[MEMO ITEM]**  
MEMO: ROBO CALL FOR NCGOP FUND. EVENT

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

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

1063.32
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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. FedEx Office**

Mailing Address PO Box 672085

City State Zip Code  
Dallas TX 75267-2085

Purpose of Disbursement  
Poster for NCGOP Fund. Event

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
12	/	16	/	2014

**Transaction ID : 50120.E47671**

Amount of Each Disbursement this Period

78.76
-------

**[MEMO ITEM]**

MEMO: POSTER FOR NCGOP FUND. EVENT

Full Name (Last, First, Middle Initial)

**B. Ms. Colleen Hodgman**

Mailing Address 1103 Nichols Drive

City State Zip Code  
Raleigh NC 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

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : 50120.E47795**

Amount of Each Disbursement this Period

1144.42
---------

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. Carlton T. Huffman**

Mailing Address 2 Ridge Drive

City State Zip Code  
Granite Falls NC 28630-

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
12	/	15	/	2014

**Transaction ID : 50120.E47700**

Amount of Each Disbursement this Period

995.22
--------

PAYROLL

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

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

2139.64
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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. Carlton T. Huffman**

Mailing Address 2 Ridge Drive

City State Zip Code  
Granite Falls NC 28630-

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 Y  
12 / 31 / 2014

**Transaction ID : 50120.E47716**

Amount of Each Disbursement this Period

995.21

PAYROLL

Full Name (Last, First, Middle Initial)

**B. iContact LLC**

Mailing Address PO Box 418296

City State Zip Code  
Boston MA 02241-8296

Purpose of Disbursement  
NCGOP Email Subscription

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 Y  
12 / 02 / 2014

**Transaction ID : 50120.E47724**

Amount of Each Disbursement this Period

74.00

NCGOP EMAIL SUBSCRIPTION

Full Name (Last, First, Middle Initial)

**C. Mr. Zachary K. Jones**

Mailing Address 39 Alma Way

City State Zip Code  
Hendersonville NC 28792-

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47701**

Amount of Each Disbursement this Period

995.22

PAYROLL

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

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

2064.43

**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. Mr. Zachary K. Jones**

Mailing Address 39 Alma Way

City Hendersonville State NC Zip Code 28792-

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  
12 / 31 / 2014

**Transaction ID : 50120.E47717**

Amount of Each Disbursement this Period

995.21

PAYROLL

Full Name (Last, First, Middle Initial)

**B. 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  
11 / 28 / 2014

**Transaction ID : 50120.E47796**

Amount of Each Disbursement this Period

1299.10

PAYROLL

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  
12 / 15 / 2014

**Transaction ID : 50120.E47798**

Amount of Each Disbursement this Period

500.00

PAYROLL

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

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

2794.31

**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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47797**

Amount of Each Disbursement this Period

1603.76

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mrs. Karen G. Langham**

Mailing Address 4737 Royal Troon Drive

City Raleigh State NC Zip Code 27604-5845

Purpose of Disbursement  
See Below

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 50120.E47653**

Amount of Each Disbursement this Period

100.00

SEE BELOW

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2014

**Transaction ID : 50126.E47832**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**  
MEMO: POSTAGE FOR BUSINESS REPLY MAIL

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

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

1703.76



**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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 50120.E47799**

Amount of Each Disbursement this Period

1724.76
---------

PAYROLL

Full Name (Last, First, Middle Initial)

**B. MailChimp**

Mailing Address 512 Means Street

City Atlanta State GA Zip Code 30318-

Purpose of Disbursement  
Email Distribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

**Transaction ID : 41219.E47499**

Amount of Each Disbursement this Period

500.00
--------

EMAIL DISTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Mr. Michael A. Marinaccio**

Mailing Address 1600 South Eads Street Apt #922N

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2014

**Transaction ID : 50120.E47813**

Amount of Each Disbursement this Period

1522.28
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PAYROLL

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

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

3747.04
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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. Michael A. Marinaccio**

Mailing Address 1600 South Eads Street Apt #922N

City State Zip Code  
Arlington VA 22202-

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  
12 / 31 / 2014

**Transaction ID : 50120.E47814**

Amount of Each Disbursement this Period

1166.85

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Michael A. Marinaccio**

Mailing Address 1600 South Eads Street Apt #922N

City State Zip Code  
Arlington VA 22202-

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  
12 / 31 / 2014

**Transaction ID : 50120.E47672**

Amount of Each Disbursement this Period

881.44

MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

**C. Met Life Small Business Center**

Mailing Address PO Box 804466

City State Zip Code  
Kansas City MO 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

M M / D D / Y Y Y Y Y  
12 / 03 / 2014

**Transaction ID : 50120.E47543**

Amount of Each Disbursement this Period

612.58

EMPLOYEE INSURANCE

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

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

2660.87

**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. 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

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2014

**Transaction ID : 50120.E47657**

Amount of Each Disbursement this Period

513.63

EMPLOYEE INSURANCE

Full Name (Last, First, Middle Initial)

**B. MicroAge**

Mailing Address PO Box 2941

City Phoenix State AZ Zip Code 85062-2941

Purpose of Disbursement  
Purchase of Laser Printer

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 Y  
12 / 04 / 2014

**Transaction ID : 50120.E47775**

Amount of Each Disbursement this Period

779.28

PURCHASE OF LASER PRINTER

Full Name (Last, First, Middle Initial)

**C. Midtown Acquisitions LLC**

Mailing Address 610 East Morehead Street, Suite 26

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

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 50120.E47736**

Amount of Each Disbursement this Period

2575.00

OFFICE RENTAL-USUAL & NORMAL CHARGE

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

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

3867.91

**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, Apt. B

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

M M M / D D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47702**

Amount of Each Disbursement this Period

970.53

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Ms. Melinda A. Moorman**

Mailing Address 201 Side Aly, Apt. B

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

M M M / D D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47718**

Amount of Each Disbursement this Period

970.54

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. Carter R. Nies**

Mailing Address 2622 Sterling Park 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

M M M / D D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47703**

Amount of Each Disbursement this Period

1267.84

PAYROLL

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

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

3208.91

**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 2622 Sterling Park 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

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47719**

Amount of Each Disbursement this Period

1267.76

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Ms. Jenne A. Norris**

Mailing Address 7027 West Friendly Avenue Apt A

City Greensboro State NC Zip Code 27410-

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47704**

Amount of Each Disbursement this Period

970.54

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. James Piedad**

Mailing Address 2520 Fernwood Drive

City Greensboro State NC Zip Code 27408-

Purpose of Disbursement  
Photos at NCGOP Fund. Event

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 Y  
12 / 10 / 2014

**Transaction ID : 50120.E47660**

Amount of Each Disbursement this Period

100.00

PHOTOS AT NCGOP FUND. EVENT

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

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

2338.30

**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. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

**Transaction ID : 50120.E47753**

Amount of Each Disbursement this Period

1.08

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2014

**Transaction ID : 50120.E47754**

Amount of Each Disbursement this Period

10.75

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2014

**Transaction ID : 50120.E47755**

Amount of Each Disbursement this Period

1.08

ONLINE CREDIT CARD FEES

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

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

12.91

**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. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 04 / 2014

**Transaction ID : 50120.E47756**

Amount of Each Disbursement this Period

66.65

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 12 / 2014

**Transaction ID : 50120.E47757**

Amount of Each Disbursement this Period

35.26

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 15 / 2014

**Transaction ID : 50120.E47758**

Amount of Each Disbursement this Period

0.43

ONLINE CREDIT CARD FEES

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

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

102.34

**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. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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 Y  
12 / 16 / 2014

**Transaction ID : 50120.E47763**

Amount of Each Disbursement this Period

15.03

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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 Y  
12 / 18 / 2014

**Transaction ID : 50120.E47759**

Amount of Each Disbursement this Period

89.04

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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 Y  
12 / 19 / 2014

**Transaction ID : 50120.E47760**

Amount of Each Disbursement this Period

4.30

ONLINE CREDIT CARD FEES

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

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

108.37



**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. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 20 / 2014

**Transaction ID : 50120.E47761**

Amount of Each Disbursement this Period

11.61

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Piryx, Inc.**

Mailing Address 401 West 15th Street, Suite 520

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Online Credit Card Fees

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  
12 / 31 / 2014

**Transaction ID : 50120.E47762**

Amount of Each Disbursement this Period

34.80

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C. Mr. Taylor G. Playforth**

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement  
Meals/Supplies & 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  
12 / 10 / 2014

**Transaction ID : 50120.E47748**

Amount of Each Disbursement this Period

228.30

MEALS/SUPPLIES & SEE BELOW

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

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

274.71

**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. Costco**

Mailing Address 5351 Gingerwood Drive

City State Zip Code  
Wilmington NC 28405-

Purpose of Disbursement  
Food & Drinks

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
12		10		2014

**Transaction ID : 50120.E47746**

Amount of Each Disbursement this Period

35.67
-------

**[MEMO ITEM]**

MEMO: FOOD & DRINKS

Full Name (Last, First, Middle Initial)

**B. Costco**

Mailing Address 5351 Gingerwood Drive

City State Zip Code  
Wilmington NC 28405-

Purpose of Disbursement  
Food & Drinks

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
12		10		2014

**Transaction ID : 50120.E47747**

Amount of Each Disbursement this Period

38.67
-------

**[MEMO ITEM]**

MEMO: FOOD & DRINKS

Full Name (Last, First, Middle Initial)

**C. Mr. Taylor G. Playforth**

Mailing Address 225 Elm Street

City State Zip Code  
Raleigh NC 27601-

Purpose of Disbursement  
Mileage/Meals Reimbursement

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
12		10		2014

**Transaction ID : 50120.E47745**

Amount of Each Disbursement this Period

221.67
--------

MILEAGE/MEALS REIMBURSEMENT

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

221.67
--------

**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. Mr. Taylor G. Playforth**

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

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  
12 / 15 / 2014

**Transaction ID : 50120.E47705**

Amount of Each Disbursement this Period

945.84

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Taylor G. Playforth**

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

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  
12 / 31 / 2014

**Transaction ID : 50120.E47720**

Amount of Each Disbursement this Period

945.85

PAYROLL

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47802**

Amount of Each Disbursement this Period

500.00

PAYROLL

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

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

2391.69

**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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47801**

Amount of Each Disbursement this Period

2543.35

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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47803**

Amount of Each Disbursement this Period

2543.21

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Claude Pope**

Mailing Address PO Box 3285

City Bald Head Island State NC Zip Code 28461-7002

Purpose of Disbursement  
Food for NCGOP Meeting

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 Y  
12 / 01 / 2014

**Transaction ID : 50120.C415294IK**

Amount of Each Disbursement this Period

230.58

IN KIND: FOOD FOR NCGOP MEETING

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

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

5317.14

**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, Jr.**

Mailing Address PO Box 3285

City State Zip Code  
Bald Head Island NC 28461-

Purpose of Disbursement  
Mileage Reimb. & 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
12			10			2014			

**Transaction ID : 50120.E47666**

Amount of Each Disbursement this Period

1	8	3	0	8
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MILEAGE REIMB. & SEE BELOW

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2014			

**Transaction ID : 50120.E47667**

Amount of Each Disbursement this Period

3	0	6	4	4
---	---	---	---	---

**[MEMO ITEM]**  
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

**C. Mr. Claude Pope, Jr.**

Mailing Address PO Box 3285

City State Zip Code  
Bald Head Island NC 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
12			15			2014			

**Transaction ID : 50120.E47806**

Amount of Each Disbursement this Period

5	0	0	0	0
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PAYROLL

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

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

2	3	3	0	8
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2	3	3	0	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. Mr. Claude Pope, Jr.**

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2014

**Transaction ID : 50120.E47805**

Amount of Each Disbursement this Period

2995.62

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Claude Pope, Jr.**

Mailing Address PO Box 3285

City Bald Head Island State NC Zip Code 28461-

Purpose of Disbursement  
Mileage/Meals Reimb. & 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  
12 / 16 / 2014

**Transaction ID : 50120.E47668**

Amount of Each Disbursement this Period

583.73

MILEAGE/MEALS REIMB. & SEE BELOW

Full Name (Last, First, Middle Initial)

**C. Embassy Suites-Winston-Salem**

Mailing Address 460 North Cherry Street

City Winston Salem State NC Zip Code 27101-

Purpose of Disbursement  
Hotel Room

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2014

**Transaction ID : 50120.E47669**

Amount of Each Disbursement this Period

245.80

**[MEMO ITEM]**  
MEMO: HOTEL ROOM

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

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

3579.35

**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**

**A. Mr. Claude Pope, Jr.**

Full Name (Last, First, Middle Initial)

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: 12 / 31 / 2014

Transaction ID : 50120.E47807

Amount of Each Disbursement this Period: 2995.62

PAYROLL

**B. Ms. Brittney L. Robinson**

Full Name (Last, First, Middle Initial)

Mailing Address 105 Cupp Court

City Raleigh State NC Zip Code 27603-

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2014

Transaction ID : 50120.E47706

Amount of Each Disbursement this Period: 1102.24

PAYROLL

**C. Ms. Brittney L. Robinson**

Full Name (Last, First, Middle Initial)

Mailing Address 105 Cupp Court

City Raleigh State NC Zip Code 27603-

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2014

Transaction ID : 50120.E47721

Amount of Each Disbursement this Period: 1102.24

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5200.10

**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. Suddenlink**

Mailing Address PO Box 660365

City Dallas State TX Zip Code 75266-0365

Purpose of Disbursement  
Internet Service

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
12		09		2014

**Transaction ID : 50120.E47735**

Amount of Each Disbursement this Period

200.47
--------

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

**B. Suddenlink**

Mailing Address PO Box 660365

City Dallas State TX Zip Code 75266-0365

Purpose of Disbursement  
Contract Termination Fee

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
12		09		2014

**Transaction ID : 50120.E47752**

Amount of Each Disbursement this Period

2500.00
---------

CONTRACT TERMINATION FEE

Full Name (Last, First, Middle Initial)

**C. Suddenlink**

Mailing Address PO Box 660365

City Dallas State TX Zip Code 75266-0365

Purpose of Disbursement  
Void Check dated 10/29/14

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
12		09		2014

**Transaction ID : 50122.E47825**

Amount of Each Disbursement this Period

-452.52
---------

VOID CHECK DATED 10/29/14

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

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

2247.95
---------

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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. Ms. Katie Sullivan

Mailing Address 710 North Person Street, Apt. 308

City Raleigh State NC Zip Code 27604-

Purpose of Disbursement  
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
12		16		2014

Transaction ID : 50120.E47664

Amount of Each Disbursement this Period

64.87
-------

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

M M M	/	D D D	/	Y Y Y Y Y
12		16		2014

Transaction ID : 50120.E47665

Amount of Each Disbursement this Period

64.87
-------

[MEMO ITEM]  
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

### C. Ms. Dana R. Sutis

Mailing Address 1721 Magnum Road

City Hickory State NC Zip Code 28602-

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
12		15		2014

Transaction ID : 50120.E47707

Amount of Each Disbursement this Period

976.53
--------

PAYROLL

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

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

1041.40
---------

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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. Ms. Dana R. Sutis**

Mailing Address 1721 Magnum Road

City State Zip Code  
Hickory NC 28602-

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 Y  
12 / 31 / 2014

**Transaction ID : 50120.E47722**

Amount of Each Disbursement this Period

976.54

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Sylvar Management**

Mailing Address 3825 Market Street, Suite 1

City State Zip Code  
Wilmington NC 28405-

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

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : 50120.E47734**

Amount of Each Disbursement this Period

1500.00

OFFICE RENTAL-USUAL & NORMAL CHARGE

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable**

Mailing Address PO Box 70872

City State Zip Code  
Charlotte NC 28272-0872

Purpose of Disbursement  
Internet Service

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 Y  
12 / 03 / 2014

**Transaction ID : 50120.E47730**

Amount of Each Disbursement this Period

376.05

INTERNET SERVICE

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

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

2852.59

**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  
Internet Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2014

**Transaction ID : 50120.E47729**

Amount of Each Disbursement this Period

298.31

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

**B. Time Warner Cable**

Mailing Address PO Box 70872

City Charlotte State NC Zip Code 28272-0872

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2014

**Transaction ID : 50120.E47731**

Amount of Each Disbursement this Period

292.32

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable**

Mailing Address PO Box 70872

City Charlotte State NC Zip Code 28272-0872

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2014

**Transaction ID : 50120.E47732**

Amount of Each Disbursement this Period

28.11

INTERNET SERVICE

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

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

618.74

**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  
Internet Service

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 Y  
12 / 09 / 2014

Transaction ID : 50120.E47733

Amount of Each Disbursement this Period

9.21

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

**B. Time Warner Cable**

Mailing Address PO Box 70872

City Charlotte State NC Zip Code 28272-0872

Purpose of Disbursement  
Internet Service

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 Y  
12 / 16 / 2014

Transaction ID : 50120.E47744

Amount of Each Disbursement this Period

137.73

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

**C. US Postmaster**

Mailing Address Capitol Station  
311 New Bern Avenue

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement  
Annual Fee 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 M / D D D / Y Y Y Y Y Y  
12 / 03 / 2014

Transaction ID : 50120.E47659

Amount of Each Disbursement this Period

685.00

ANNUAL FEE FOR BUSINESS REPLY MAIL

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

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

831.94

**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. US Postmaster**

Mailing Address Capitol Station  
311 New Bern Avenue

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement  
Permit Fees for Business Reply Mail

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
12		03		2014

**Transaction ID : 50120.E47658**

Amount of Each Disbursement this Period

220.00
--------

PERMIT FEES FOR BUSINESS REPLY MAIL

**B. US Postmaster**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : 50120.E47652**

Amount of Each Disbursement this Period

400.00
--------

POSTAGE FOR BUSINESS REPLY MAIL

**C. Valic**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2014

**Transaction ID : 50120.E47817**

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)..... ▶

761.90
--------

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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. 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 Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47818**

Amount of Each Disbursement this Period

616.62

EMPLOYEE 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  
Employer 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 Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47820**

Amount of Each Disbursement this Period

141.90

EMPLOYER 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  
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 Y Y  
12 / 15 / 2014

**Transaction ID : 50120.E47819**

Amount of Each Disbursement this Period

231.12

EMPLOYEE IRA CONTRIBUTION

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

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

989.64

**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. 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

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47821**

Amount of Each Disbursement this Period

46.87

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

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : 50120.E47822**

Amount of Each Disbursement this Period

78.12

EMPLOYEE IRA CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Mr. Nicholas A. Wilkinson**

Mailing Address 3712 Watauga Drive

City Greensboro State NC Zip Code 27410-

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 Y  
12 / 15 / 2014

**Transaction ID : 50120.E47708**

Amount of Each Disbursement this Period

970.54

PAYROLL

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

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

1095.53

**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. Nicholas A. Wilkinson**

Mailing Address 3712 Watauga Drive

City Greensboro State NC Zip Code 27410-

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 Y  
12 / 31 / 2014

**Transaction ID : 50120.E47723**

Amount of Each Disbursement this Period

970.53

PAYROLL

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

970.53

121473.43



**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 type="checkbox"/> 21b	<input checked="" 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. Republican Party of Louisiana**

Mailing Address 530 Lakeland Drive, Suite 215

City State Zip Code  
Baton Rouge LA 70802-

Purpose of Disbursement  
In-Kind 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 Y  
11 / 28 / 2014

**Transaction ID : 41201.E47418**

Amount of Each Disbursement this Period

19453.74

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

19453.74

19453.74

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

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

FOR LINE NUMBER:  
(check only one)

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

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47675**

Amount of Each Disbursement this Period

95.00

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 Taxes

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  
11 / 28 / 2014

**Transaction ID : 50120.E47674**

Amount of Each Disbursement this Period

5975.53

PAYROLL TAXES

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

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47777**

Amount of Each Disbursement this Period

2355.39

PAYROLL TAXES

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

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

8425.92

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address 2029 Eastwood Road Unit 145

City State Zip Code  
Wilmington NC 28403-

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  
11 / 28 / 2014

**Transaction ID : 50120.E47676**

Amount of Each Disbursement this Period

322.59

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey D. Biggs, Jr.**

Mailing Address 391 Dogwood Acres Lane

City State Zip Code  
Madison NC 27025-

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  
11 / 28 / 2014

**Transaction ID : 50120.E47677**

Amount of Each Disbursement this Period

350.23

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. William A. Bode**

Mailing Address 1757-D Metromedical Drive

City State Zip Code  
Fayetteville NC 28304-

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  
11 / 28 / 2014

**Transaction ID : 50120.E47678**

Amount of Each Disbursement this Period

945.85

PAYROLL

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

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

1618.67

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

Full Name (Last, First, Middle Initial)

**A. Ms. Carrie A. Brown**

Mailing Address 5101 Trinity Knoll Road Apt 305

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

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47679**

Amount of Each Disbursement this Period

1665.68

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher G. Bullard**

Mailing Address 1012 Knollwood Street

City Winston Salem State NC Zip Code 27103-

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 Y  
11 / 28 / 2014

**Transaction ID : 50120.E47680**

Amount of Each Disbursement this Period

995.22

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. Ian C. Choiniere**

Mailing Address 6041 Fairfield Oaks Lane

City Pfafftown State NC Zip Code 27040-

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 Y  
11 / 28 / 2014

**Transaction ID : 50120.E47681**

Amount of Each Disbursement this Period

970.54

PAYROLL

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

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

3631.44

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mr. Carlton T. Huffman**

Mailing Address 2 Ridge Drive

City State Zip Code  
Granite Falls NC 28630-

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 Y  
11 / 28 / 2014

**Transaction ID : 50120.E47682**

Amount of Each Disbursement this Period

995.21

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Zachary K. Jones**

Mailing Address 39 Alma Way

City State Zip Code  
Hendersonville NC 28792-

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 Y  
11 / 28 / 2014

**Transaction ID : 50120.E47683**

Amount of Each Disbursement this Period

995.21

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Ms. Melinda A. Moorman**

Mailing Address 201 Side Aly, Apt. B

City State Zip Code  
Greensboro NC 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

M M M /  D D D /  Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47684**

Amount of Each Disbursement this Period

970.54

PAYROLL

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

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

2960.96

**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 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 checked="" 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 2622 Sterling Park 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

M M M	/	D D D	/	Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : 50120.E47685**

Amount of Each Disbursement this Period

1267.82
---------

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Ms. Jenne A. Norris**

Mailing Address 7027 West Friendly Avenue Apt A

City Greensboro State NC Zip Code 27410-

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
11	/	28	/	2014

**Transaction ID : 50120.E47686**

Amount of Each Disbursement this Period

970.53
--------

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. Taylor G. Playforth**

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

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
11	/	28	/	2014

**Transaction ID : 50120.E47687**

Amount of Each Disbursement this Period

945.85
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PAYROLL

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

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

3184.20
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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 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 checked="" 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

**Transaction ID : 50120.E47800**

Amount of Each Disbursement this Period

2543.33

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Claude Pope, Jr.**

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

**Transaction ID : 50120.E47804**

Amount of Each Disbursement this Period

2995.62

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. Samuel M. Reeder**

Mailing Address 4930 Millbridge Road

City Salisbury State NC Zip Code 28147-

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  
11 / 28 / 2014

**Transaction ID : 50120.E47688**

Amount of Each Disbursement this Period

239.94

PAYROLL

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

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

5778.89

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

Full Name (Last, First, Middle Initial)

**A. Ms. Brittney L. Robinson**

Mailing Address 105 Cupp Court

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

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 50120.E47689**

Amount of Each Disbursement this Period

1102.24

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Ms. Dana R. Sutis**

Mailing Address 1721 Magnum Road

City Hickory State NC Zip Code 28602-

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  
11 / 28 / 2014

**Transaction ID : 50120.E47690**

Amount of Each Disbursement this Period

976.54

PAYROLL

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew M. West**

Mailing Address PO Box 1665

City Candler State NC Zip Code 28715-

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  
11 / 28 / 2014

**Transaction ID : 50120.E47691**

Amount of Each Disbursement this Period

174.07

PAYROLL

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

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

2252.85



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Carolina Republican Party**

Full Name (Last, First, Middle Initial)

**A. Mr. Nicholas A. Wilkinson**

Mailing Address 3712 Watauga Drive

City Greensboro State NC Zip Code 27410-

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 Y  
11 / 28 / 2014

**Transaction ID : 50120.E47692**

Amount of Each Disbursement this Period

970.53

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mr. Ryan J. Wolfe**

Mailing Address 1834 Wake Forest Road

City Winston Salem State NC Zip Code 27106-

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 Y  
11 / 28 / 2014

**Transaction ID : 50120.E47693**

Amount of Each Disbursement this Period

134.55

PAYROLL

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1105.08

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

28958.01

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 122 OF 132
	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 <b>CMDI</b>	Nature of Debt (Purpose): Donor Direct Mail Expense
Mailing Address 1593 Spring Hill Road, Suite 400	
City State Zip Code Vienna VA 22182-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS50126.E47828</b>	
Amount Incurred This Period 940.63	Payment This Period 0.00	Outstanding Balance at Close of This Period 940.63

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS50126.E47830</b>	
Amount Incurred This Period 2101.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 2101.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Catawba Direct Marketing Solutions</b>	Nature of Debt (Purpose): Donor Direct Mail Expense
Mailing Address 1215 15th Street Drive NE PO Box 9001	
City State Zip Code Hickory NC 28603-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS50126.E47826</b>	
Amount Incurred This Period 4284.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 4284.74

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7327.17
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	7327.17
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7327.17

**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 11 / 25 / 2014	4881.45

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	4881.45
<b>Transaction ID : H350120.C415295</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**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 12 / 16 / 2014	3676.24

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	3676.24
<b>Transaction ID : H350120.C415296</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**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 12 / 29 / 2014	5175.90

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	5175.90
<b>Transaction ID : H350120.C415297</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	13733.59
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	13733.59

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**North Carolina Republican Party**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H450120.E47545</b> <b>Triad Telecom</b>		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 92572.79	
City Greensboro State NC Zip Code 27402-2673	Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Telephone Service	<input type="text"/> Category/Type	Allocated Activity or Event Year-To-Date 92572.79	
Activity or Event Identifier: <b>ADMINISTRATION B 31</b>		Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
244.15		918.46	1162.61

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H450120.E47546</b> <b>AT&amp;T</b>		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 105262		Allocated Activity or Event Year-To-Date 92807.83	
City Atlanta State GA Zip Code 30348-5262	Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Phone Line for Security/CC Machine	<input type="text"/> Category/Type	Allocated Activity or Event Year-To-Date 92807.83	
Activity or Event Identifier: ADMINISTRATION B 31		Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
49.36		185.68	235.04

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H450120.E47547</b> <b>Staples Credit Plan</b>		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 97616.43	
City Des Moines State IA Zip Code 50368-9020	Date <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Office Supplies	<input type="text"/> Category/Type	Allocated Activity or Event Year-To-Date 97616.43	
Activity or Event Identifier: ADMINISTRATION B 31		Date <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
32.58		122.55	155.13

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
326.09		1226.69		1552.78

**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: AT&T. Transaction ID: H450120.E47654. Allocated Activity or Event: Administrative. Date: 12/29/2014. Total Amount: 288.61.

Form B: Triad Telecom. Transaction ID: H450120.E47656. Allocated Activity or Event: Administrative. Date: 12/29/2014. Total Amount: 1222.59.

Form C: ADP Easypay. Transaction ID: H450120.E47779. Allocated Activity or Event: Administrative. Date: 11/28/2014. Total Amount: 1853.09.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (706.50), NONFEDERAL SHARE (2657.79), TOTAL AMOUNT (3364.29).

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.



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**North Carolina Republican Party**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H450120.E47782</b> <b>ADP Easypay</b>		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 201 Regency Executive Park Drive		Allocated Activity or Event Year-To-Date 93970.49	
City State Zip Code Charlotte NC 28217-3986	Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Payroll Taxes	<input type="text"/>	Allocated Activity or Event Year-To-Date 93970.49	
Activity or Event Identifier: <b>ADMINISTRATION B 31</b>	Category/ Type	Date <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="244.16"/> + <input type="text" value="918.50"/> = <input type="text" value="1162.66"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H450120.E47785</b> <b>ADP Easypay</b>		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 201 Regency Executive Park Drive		Allocated Activity or Event Year-To-Date 100124.62	
City State Zip Code Charlotte NC 28217-3986	Date <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Payroll Taxes	<input type="text"/>	Allocated Activity or Event Year-To-Date 100124.62	
Activity or Event Identifier: ADMINISTRATION B 31	Category/ Type	Date <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="209.37"/> + <input type="text" value="787.62"/> = <input type="text" value="996.99"/>			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H450120.E47788</b> <b>Mr. Gregory M. Fornshell</b>		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 2808 Rainford Court		Allocated Activity or Event Year-To-Date 91410.18	
City State Zip Code Raleigh NC 27603-1373	Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Payroll	<input type="text"/>	Allocated Activity or Event Year-To-Date 91410.18	
Activity or Event Identifier: ADMINISTRATION B 31	Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="238.95"/> + <input type="text" value="898.90"/> = <input type="text" value="1137.85"/>			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="692.48"/>		<input type="text" value="2605.02"/>		<input type="text" value="3297.50"/>

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Form A: Mr. Gregory M. Fornshell, Transaction ID: H450120.E47789. Allocated Activity or Event: Administrative. Purpose of Disbursement: Payroll. Activity or Event Identifier: ADMINISTRATION B 31. Date: 12/15/2014. Total Amount: 1137.85.

Form B: Mr. Gregory M. Fornshell, Transaction ID: H450120.E47790. Allocated Activity or Event: Administrative. Purpose of Disbursement: Payroll. Activity or Event Identifier: ADMINISTRATION B 31. Date: 12/15/2014. Total Amount: 500.00.

Form C: Mr. Gregory M. Fornshell, Transaction ID: H450120.E47791. Allocated Activity or Event: Administrative. Purpose of Disbursement: Payroll. Activity or Event Identifier: ADMINISTRATION B 31. Date: 12/31/2014. Total Amount: 1137.84.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 582.90, 2192.79, 2775.69.

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: Ms. Katie Sullivan, Transaction ID: H450120.E47808. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Payroll), Activity or Event Identifier (ADMINISTRATION B 31), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (90272.33).

Form B: Ms. Katie Sullivan, Transaction ID: H450120.E47809. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Payroll), Activity or Event Identifier (ADMINISTRATION B 31), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (88919.36).

Form C: Ms. Katie Sullivan, Transaction ID: H450120.E47810. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Payroll), Activity or Event Identifier (ADMINISTRATION B 31), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (95823.45).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (953.62) + NONFEDERAL SHARE (3587.45) = TOTAL AMOUNT (4541.07)

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

Summary table for total: 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: Disbursement for Ms. Katie Sullivan, Transaction ID H450120.E47811. Includes fields for Name, Address, City/State/Zip, Purpose (Payroll), Activity Identifier (ADMINISTRATION B 31), Allocated Activity (Administrative checked), Year-To-Date (94470.49), Date (12/15/2014), and a summary table showing Federal Share (105.00), NonFederal Share (395.00), and Total Amount (500.00).

Form B: Disbursement for Ms. Katie Sullivan, Transaction ID H450120.E47812. Includes fields for Name, Address, City/State/Zip, Purpose (Payroll), Activity Identifier (ADMINISTRATION B 31), Allocated Activity (Administrative checked), Year-To-Date (101477.59), Date (12/31/2014), and a summary table showing Federal Share (284.12), NonFederal Share (1068.85), and Total Amount (1352.97).

Form C: Disbursement section with fields for Name, Address, City/State/Zip, Purpose, Activity Identifier, Allocated Activity, Year-To-Date, and Date. Summary table fields are present but empty.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (389.12) + NONFEDERAL SHARE (1463.85) = TOTAL AMOUNT (1852.97)

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

Summary table for total: FEDERAL SHARE (3650.71) + NONFEDERAL SHARE (13733.59) = TOTAL AMOUNT (17384.30)