

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
North Carolina Republican Executive Committee

ADDRESS (number and street) 1506 Hillsborough Street  
 Check if different than previously reported. (ACC)  
Raleigh NC 27605

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 04 30 2010

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 Steven B. Long

Signature of Treasurer Electronically Filed by Steven B. Long Date 05 17 2010

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
North Carolina Republican Executive Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		260658.86
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	205145.89									
(c) Total Receipts (from Line 19) .....	109457.76	418706.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	314603.65	679365.50								
7. Total Disbursements (from Line 31) .....	125915.62	490677.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	188688.03	188688.03								
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) .....	6576.95									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
North Carolina Republican Executive Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	64147.00	130521.14
(ii) Unitemized .....	42234.85	191539.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	106381.85	322060.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	106381.85	322060.90
12. Transfers From Affiliated/Other Party Committees .....	166.00	82570.03
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) .....	1499.56	4711.43
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.22	50.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	1403.13	9313.57
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	1403.13	9313.57
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	109457.76	418706.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	108054.63	409393.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	372.99	2475.78
(ii) Non-Federal Share.....	1403.12	9313.55
(b) Other Federal Operating Expenditures.....	69155.74	263553.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	70931.85	275343.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	692.00
(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)) .....	500.00	692.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 .....	54483.77	214642.28
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	54483.77	214642.28
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	125915.62	490677.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124512.50	481363.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	106381.85	322060.90
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	692.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	105881.85	321368.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69528.73	266029.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1499.56	4711.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68029.17	261318.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 70
	<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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David Anderson	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 190 Hamilton Court	<b>Transaction ID:</b> 00426.C354980
	City State Zip Code Advance NC 27006-9560	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Barker	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 401 North Woodrow Street	<b>Transaction ID:</b> 00426.C354657
	City State Zip Code Fuquay Varina NC 27526-2050	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Bob Barker Company, Inc. CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Betts	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address 412 Shady Circle Drive	<b>Transaction ID:</b> 00426.C354788
	City State Zip Code Rocky Mount NC 27803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Centura Bank Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2165.00
<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 7 / 70  
(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 Executive Committee

**A.**

Full Name (Last, First, Middle Initial) Gary Blake		Date of Receipt MM / DD / YYYY 04 / 20 / 2010
Mailing Address 401 Ball Park Road		<b>Transaction ID:</b> 00426.C354739
City Biscoe	State NC	Zip Code 27209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Tristan Coast, Inc.	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**B.**

Full Name (Last, First, Middle Initial) Bruce Calhoun		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 306 Cedar Ridge Way		<b>Transaction ID:</b> 00430.C355041
City Durham	State NC	Zip Code 27705-1983
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dwight Carter		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
Mailing Address 107 Dublin Woods Drive		<b>Transaction ID:</b> 00409.C354081
City Cary	State NC	Zip Code 27513-3008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Insurance Broker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>915.00</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 8 / 70
	<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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Eastern Band of Cherokee Indians		Date of Receipt
	Mailing Address PO Box 455		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cherokee	NC	28719-0455
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00419.C354626
Name of Employer NA		Occupation NA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>
		<input type="text" value="10000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) George Cleveland		Date of Receipt
	Mailing Address 224 Campbell Place		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jacksonville	NC	28546
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00419.C354633
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1650.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) George Cleveland		Date of Receipt
	Mailing Address 224 Campbell Place		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jacksonville	NC	28546
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00417.C354285
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="1800.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="11150.00"/>
<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: (check only one)	PAGE 9 / 70
	<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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) William Cobey		Date of Receipt
	Mailing Address 203 Oval Park Place		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chapel Hill	NC	27517
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00409.C354044
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="90.00"/>
		<input type="text" value="360.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Marvin Coghill		Date of Receipt
	Mailing Address PO Box 466 3510 St. Andrews Drive North		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wilson	NC	27896
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00430.C355071
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan Dickson		Date of Receipt
	Mailing Address 301 South Tryon Street, Suite 1800		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00416.C354272
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5590.00"/>
<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 10 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address 1829 Shoreham Drive

City State Zip Code  
Charlotte NC 28211-2133

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 ▼ 2000.00

Date of Receipt: 04 / 26 / 2010  
Transaction ID: 00430.C355074  
Amount of Each Receipt this Period: 2000.00  
Receipt

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

Mailing Address 2373 Cana Road

City State Zip Code  
Mocksville NC 27028-4658

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 ▼ 175.00

Date of Receipt: 04 / 05 / 2010  
Transaction ID: 00409.C353894  
Amount of Each Receipt this Period: 50.00  
Receipt

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

Mailing Address 2373 Cana Road

City State Zip Code  
Mocksville NC 27028-4658

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 ▼ 225.00

Date of Receipt: 04 / 08 / 2010  
Transaction ID: 00409.C354140  
Amount of Each Receipt this Period: 50.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address 118 Robin Road

City State Zip Code  
Greenville NC 27858-6217

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

Name of Employer Time Investment Corp. Occupation Consumer Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2010

**Transaction ID:** 00426.C354735

Amount of Each Receipt this Period  
575.00

Receipt

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

Mailing Address 121 West Trade Street, 27th Floor

City State Zip Code  
Charlotte NC 28202-5399

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

Name of Employer Faison Associates Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2010

**Transaction ID:** 00426.C354910

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 100 North Tryon Street Suite 2900

City State Zip Code  
Charlotte NC 28202

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

Name of Employer McGuire Woods Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2010

**Transaction ID:** 00430.C355113

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6575.00**

**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 12 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address PO Box 29502  
13520 Durant Road

City Raleigh State NC Zip Code 27614-8321

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

Name of Employer Golden Corral Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2010  
Transaction ID: 00426.C355321  
Amount of Each Receipt this Period 500.00  
Receipt

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

Mailing Address 1022 West Davis Street

City Burlington State NC Zip Code 27215-3605

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

Name of Employer Glen Raven Mills Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 29 / 2010  
Transaction ID: 00430.C355265  
Amount of Each Receipt this Period 10000.00  
Receipt

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

Mailing Address 304 Westridge Drive

City Raleigh State NC Zip Code 27609

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

Name of Employer Self Occupation Construction & Realty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2010  
Transaction ID: 00426.C354673  
Amount of Each Receipt this Period 250.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10750.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address 135 Buckthorn Court

City State Zip Code  
Mount Gilead NC 27306

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 ▼ 100.00

Date of Receipt: 04 / 15 / 2010  
Transaction ID: 00417.C354350  
Amount of Each Receipt this Period: 100.00  
Receipt

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

Mailing Address 135 Buckthorn Court

City State Zip Code  
Mount Gilead NC 27306

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 ▼ 200.00

Date of Receipt: 04 / 19 / 2010  
Transaction ID: 00426.C354786  
Amount of Each Receipt this Period: 100.00  
Receipt

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

Mailing Address 135 Buckthorn Court

City State Zip Code  
Mount Gilead NC 27306

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: 04 / 20 / 2010  
Transaction ID: 00426.C354741  
Amount of Each Receipt this Period: 100.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 14 / 70  
(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 Executive Committee

**A.**

Full Name (Last, First, Middle Initial)  
Brian Greer

Mailing Address 135 Buckthorn Court

City State Zip Code  
Mount Gilead NC 27306

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 / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

Transaction ID: 00426.C354908

Amount of Each Receipt this Period 100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Robert Gutman

Mailing Address 310 Watts Street

City State Zip Code  
Durham NC 27701

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 ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00426.C354668

Amount of Each Receipt this Period 250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Frank Hanes

Mailing Address 1057 West Kent Road

City State Zip Code  
Winston Salem NC 27104-1131

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

Transaction ID: 00409.C354159

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 70  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

**A.**

Full Name (Last, First, Middle Initial)  
Frederick Hartman

Mailing Address 10191 Dotson Ct. Southeast

City Leland State NC Zip Code 28451-0018

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 13 / 2010  
Transaction ID: 00417.C354340  
Amount of Each Receipt this Period: 300.00  
Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Robin Hayes

Mailing Address 1176 Asheford Green Avenue

City Concord State NC Zip Code 28027-8188

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

Name of Employer US Congress Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 22 / 2010  
Transaction ID: 00426.C354911  
Amount of Each Receipt this Period: 2500.00  
Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Dawn Houseknecht

Mailing Address 470 Bluff School Road

City Kernersville State NC Zip Code 27284

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

Name of Employer The Packaging Source Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 09 / 2010  
Transaction ID: 00426.C354646  
Amount of Each Receipt this Period: 250.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

**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 / 70  
(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 Executive Committee

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

Mailing Address 320 Club Drive #67

City State Zip Code  
Sapphire NC 28774-9521

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  /  /   
**Transaction ID:** 00409.C353871  
 Amount of Each Receipt this Period 150.00  
 Receipt

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

Mailing Address 2624 Beretania Circle

City State Zip Code  
Charlotte NC 28211

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

Name of Employer McGuire Woods Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  /  /   
**Transaction ID:** 00430.C355075  
 Amount of Each Receipt this Period 1000.00  
 Receipt

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

Mailing Address 13833 Carowinds Boulevard

City State Zip Code  
Charlotte NC 28273

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

Name of Employer Empire Distributors Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  /  /   
**Transaction ID:** 00430.C355081  
 Amount of Each Receipt this Period 5000.00  
 Receipt

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 70  
(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 Executive Committee

**A.**

Full Name (Last, First, Middle Initial)  
Johnny Kerr

Mailing Address 1320 Cameron View Court

City Raleigh State NC Zip Code 27607

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

Name of Employer Golden Corral Occupation Graphic Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 09 / 2010

Transaction ID: 00426.C354670

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
James Langdon

Mailing Address 10176 NC 50 Highway North

City Angier State NC Zip Code 27501-8139

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 ▼ 340.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 00409.C354040

Amount of Each Receipt this Period 35.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
George Mahoney

Mailing Address 4417 Belknap Road

City Charlotte State NC Zip Code 28201-1017

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 04 / 26 / 2010

Transaction ID: 00430.C355077

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2035.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address 3909 Regent Road

City State Zip Code  
Durham NC 27707-5311

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

Name of Employer Occupation  
Williams Mullen Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2010

**Transaction ID:** 00419.C354586

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 458 Beaten Path Road

City State Zip Code  
Mooreville NC 28117

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 ▼ 40.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2010

**Transaction ID:** 00417.C354391

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address 458 Beaten Path Road

City State Zip Code  
Mooreville NC 28117

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 ▼ 1040.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

**Transaction ID:** 00430.C355079

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1510.00**

**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 19 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address 1318 Canterbury Road

City Raleigh State NC Zip Code 27608

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

Name of Employer River Cities Capital Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 19 / 2010  
Transaction ID: 00426.C354755  
Amount of Each Receipt this Period 100.00  
Receipt

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

Mailing Address 1959 Queens Road West

City Charlotte State NC Zip Code 28207

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

Name of Employer Little & Associates Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2010  
Transaction ID: 00430.C355078  
Amount of Each Receipt this Period 1000.00  
Receipt

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

Mailing Address PO Box 896

City Mount Gilead State NC Zip Code 27306-0896

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

Name of Employer McRae Industries, Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 16 / 2010  
Transaction ID: 00419.C354617  
Amount of Each Receipt this Period 365.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1465.00

**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 20 / 70  
(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 Executive Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ivan Mothershead

Mailing Address PO Box 30036

City State Zip Code  
Charlotte NC 28230-0036

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: 04 / 16 / 2010  
Transaction ID: 00419.C354589  
Amount of Each Receipt this Period: 1000.00  
Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Robert Palisin

Mailing Address 2670 Saddlewood Circle Southwest  
PO Box 6917

City State Zip Code  
Concord NC 28027

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 ▼ 375.00

Date of Receipt: 04 / 29 / 2010  
Transaction ID: 00430.C355266  
Amount of Each Receipt this Period: 365.00  
Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Linda Parke

Mailing Address 240 Fairway Drive

City State Zip Code  
Pinehurst NC 28374

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 04 / 01 / 2010  
Transaction ID: 00409.C353887  
Amount of Each Receipt this Period: 182.50  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1547.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 70		
	<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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Payne		Date of Receipt
	Mailing Address 2146 Sharon Lane		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28211-3736
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00430.C355073
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1150.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) David Powers		Date of Receipt
	Mailing Address 130 Copperfield Place Court		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winston Salem	NC	27106-6323
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00426.C355357
Name of Employer RJ Reynolds		Occupation Director of Governmental Affai	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="600.00"/>
		<input type="text" value="600.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Bob Pruett		Date of Receipt
	Mailing Address PO Box 695 227 Rudolph Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Beaufort	NC	28516
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00516.C356234
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="129.50"/>
		<input type="text" value="1239.14"/>	In-Kind
			Travel County Chair Train- ing

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1729.50"/>
<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 22 / 70  
(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 Executive Committee

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

Mailing Address 3420 Williamsborough Court  
PO Box 31343

City Raleigh State NC Zip Code 27609

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 21 / 2010  
Transaction ID: 00426.C354945  
Amount of Each Receipt this Period: 250.00  
Receipt

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

Mailing Address 3420 Williamsborough Court  
PO Box 31343

City Raleigh State NC Zip Code 27609

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2010  
Transaction ID: 00426.C354915  
Amount of Each Receipt this Period: 250.00  
Receipt

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

Mailing Address 36 Lambeth Drive

City Asheville State NC Zip Code 28803-3431

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 ▼ 600.00

Date of Receipt: 04 / 09 / 2010  
Transaction ID: 00409.C354228  
Amount of Each Receipt this Period: 250.00  
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: PAGE 23 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

**A.** Full Name (Last, First, Middle Initial)  
Debra Salisbury  
Mailing Address 1601 Bent Road  
City Wake Forest State NC Zip Code 27587  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Salisbury Occupation Construction  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 28 / 2010  
Transaction ID: 00430.C355202  
Amount of Each Receipt this Period 500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ruth Samuelson  
Mailing Address 1143 Andover Road  
City Charlotte State NC Zip Code 28211-1936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer North Carolina Legislature Occupation Legislator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 26 / 2010  
Transaction ID: 00430.C355080  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Theodore Seawell  
Mailing Address 206 Lawton Circle  
City Wilmington State NC Zip Code 28412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 05 / 2010  
Transaction ID: 00409.C354082  
Amount of Each Receipt this Period 250.00  
Receipt

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 70
	<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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Albert Seymour	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 3520 Birkdale Lake Court	<b>Transaction ID:</b> 00416.C354274
	City State Zip Code Clemmons NC 27012-8516	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Ameriprise Financial Personal Financial Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wilburn Smith	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 2222 Selwyn Avenue, Apt. 404	<b>Transaction ID:</b> 00430.C355048
	City State Zip Code Charlotte NC 28207-2779	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Fran Steele	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 3022 Chaucer Drive	<b>Transaction ID:</b> 00416.C354275
	City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<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 25 / 70  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

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

Mailing Address 1208 Runway Trail

City State Zip Code  
Yadkinville NC 27055-6294

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

Name of Employer Lone Hickory Airport      Occupation Owner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

**Transaction ID:** 00409.C353927

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 8305 Deckbar Place

City State Zip Code  
Raleigh NC 27617-8703

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

Name of Employer Triax      Occupation Management

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

**Transaction ID:** 00409.C354134

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address 8305 Deckbar Place

City State Zip Code  
Raleigh NC 27617-8703

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

Name of Employer Triax      Occupation Management

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

**Transaction ID:** 00426.C354671

Amount of Each Receipt this Period  
100.00

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 26 / 70

(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 Executive Committee

**A.**

Full Name (Last, First, Middle Initial)  
Philip Templeton

Mailing Address 3044 Farring Road

City Raleigh State NC Zip Code 27607

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

Name of Employer Medikinetics LLC Occupation Medical Education

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: 00419.C354532

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Donald Trexler

Mailing Address PO Box 708

City Troy State NC Zip Code 27371

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

Name of Employer Alandale Occupation Textiles

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2010

Transaction ID: 00419.C354619

Amount of Each Receipt this Period  
365.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Charles Tyson

Mailing Address 4507 West Fairway Drive

City New Bern State NC Zip Code 28562-7533

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

Name of Employer Tyson & Hooks Realty Occupation Real Estate Investor

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: 00516.C356233

Amount of Each Receipt this Period  
500.00

In-Kind

Reception for NCGOP Chair-  
man

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

1365.00

**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 / 70
	<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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Viola		Date of Receipt
	Mailing Address 6418 Woodleigh Oaks Drive		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer McGuire Woods		Occupation Attorney	<b>Transaction ID:</b> 00430.C355076
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) John Wardlaw		Date of Receipt
	Mailing Address 4112 Redington Drive		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Raleigh	NC	27609-5959
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	<b>Transaction ID:</b> 00426.C354909
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="text" value="300.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Ogburn Yates		Date of Receipt
	Mailing Address 2172 Stone Bridge Road		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Asheboro	NC	27205-6303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	<b>Transaction ID:</b> 00430.C355203
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="text" value="250.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="64147.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 70	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<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 Executive Committee

**A.**

Full Name (Last, First, Middle Initial) Buncombe County Republican Party		Date of Receipt	
Mailing Address 124 Ridgeview Road		M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	
City Alexander	State NC	Zip Code 28701-	<b>Transaction ID:</b> 00430.C355072
FEC ID number of contributing federal political committee. <b>C</b> C00165803		Amount of Each Receipt this Period 166.00	
Name of Employer	Occupation	Transfers From Affil./Auth.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 166.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	166.00

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

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

FOR LINE NUMBER: PAGE 29 / 70  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott E. Laster

Mailing Address 1101 Lake Moraine Place

City Raleigh State NC Zip Code 27607-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 604.65

Date of Receipt 04 / 14 / 2010  
**Transaction ID:** 00514.C356010  
 Amount of Each Receipt this Period 604.65  
 Offsets to Operating Expenditure  
 Note: Health Insurance Reimbur

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher D. McClure

Mailing Address 121 Northpoint Drive Apt 203

City Lexington State SC Zip Code 29072-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 778.64

Date of Receipt 04 / 05 / 2010  
**Transaction ID:** 00409.C354045  
 Amount of Each Receipt this Period 194.66  
 Offsets to Operating Expenditure  
 Note: Health Insurance Reimbur

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

Mailing Address Capitol Station  
311 New Bern Avenue

City Raleigh State NC Zip Code 27601-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 972.58

Date of Receipt 04 / 06 / 2010  
**Transaction ID:** 00419.C354629  
 Amount of Each Receipt this Period 277.20  
 Offsets to Operating Expenditure  
 Note: Postage Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1076.51**

**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: <span style="float: right;">PAGE 30 / 70</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) US Postmaster		Date of Receipt
	Mailing Address   Capitol Station 311 New Bern Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 27 / 2010
	City	State	Zip Code
	Raleigh	NC	27601-
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00430.C355116
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 158.40
		<input type="text"/> 1130.98	Offsets to Operating Expenditure
			Note: Postage Refund

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Victoria Wackym		Date of Receipt
	Mailing Address   309 East Morehead St. Apt. 536		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2010
	City	State	Zip Code
	Charlotte	NC	28202-
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 00426.C355338
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 264.65
		<input type="text"/> 1059.30	Offsets to Operating Expenditure
			Note: Health Insurance Reimburse

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 423.05
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1499.56

**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 Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) A Professional Conference Call Mailing Address PO Box 2939 City Southampton State NY Zip Code 11969- Purpose of Disbursement Conference Calls to County Chairmen Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28663 Date of Disbursement 04 / 14 / 2010
	Amount of Each Disbursement this Period 582.97 CONFERENCE CALLS TO COUNTY CHAIRMEN

<b>B.</b> Full Name (Last, First, Middle Initial) Accident Fund Mailing Address PO Box 77000, Dept. 77125 City Detroit State MI Zip Code 48277-0125 Purpose of Disbursement Workers Comp Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28634 Date of Disbursement 04 / 22 / 2010
	Amount of Each Disbursement this Period 472.25 WORKERS COMP INSURANCE

<b>C.</b> Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00514.E28729 Date of Disbursement 04 / 15 / 2010
	Amount of Each Disbursement this Period 3154.81 PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4210.03
<b>TOTAL</b> 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) ADP Easypay	Transaction ID: 00514.E28732 Date of Disbursement 04 / 15 / 2010
	Mailing Address 201 Regency Executive Park Drive	Amount of Each Disbursement this Period 95.74
	City Charlotte State NC Zip Code 28217-3986	
	Purpose of Disbursement Payroll Professional Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL PROFESSIONAL FEE
	State: District:	

B.	Full Name (Last, First, Middle Initial) ADP Easypay	Transaction ID: 00514.E28733 Date of Disbursement 04 / 30 / 2010
	Mailing Address 201 Regency Executive Park Drive	Amount of Each Disbursement this Period 82.19
	City Charlotte State NC Zip Code 28217-3986	
	Purpose of Disbursement Payroll Professional Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL PROFESSIONAL FEE
	State: District:	

C.	Full Name (Last, First, Middle Initial) ADP Easypay	Transaction ID: 00514.E28731 Date of Disbursement 04 / 30 / 2010
	Mailing Address 201 Regency Executive Park Drive	Amount of Each Disbursement this Period 2455.15
	City Charlotte State NC Zip Code 28217-3986	
	Purpose of Disbursement Payroll Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2633.08</b>
<b>TOTAL</b> 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 Executive Committee

A.

Full Name (Last, First, Middle Initial)  
Aristotle International, Inc.

Transaction ID: 00512.E28699  
Date of Disbursement

Mailing Address 205 Pennsylvania Avenue SE

/   /

City Washington State DC Zip Code 20003-1164

Amount of Each Disbursement this Period

Purpose of Disbursement  
Online Credit Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

ONLINE CREDIT CARD FEES

State: District:

B.

Full Name (Last, First, Middle Initial)  
ASAP Direct Mail, Inc.

Transaction ID: 00512.E28645  
Date of Disbursement

Mailing Address 3709 Neil Street

/   /

City Raleigh State NC Zip Code 27607-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Print Notecards for Staff

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PRINT NOTECARDS FOR STAFF

State: District:

C.

Full Name (Last, First, Middle Initial)  
ASAP Direct Mail, Inc.

Transaction ID: 00512.E28646  
Date of Disbursement

Mailing Address 3709 Neil Street

/   /

City Raleigh State NC Zip Code 27607-

Amount of Each Disbursement this Period

Purpose of Disbursement  
State Convention Registration Forms

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

STATE CONVENTION REGISTRATION FORMS

State: District:

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

**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 Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105262 City Atlanta State GA Zip Code 30348-5262 Purpose of Disbursement Phone Line for Security & CC Machin Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28627 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 122.69 PHONE LINE FOR SECURITY & CC MACHIN

<b>B.</b> Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28705 Date of Disbursement 04 / 15 / 2010
	Amount of Each Disbursement this Period 19.81 SERVICE CHARGE

<b>C.</b> Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28703 Date of Disbursement 04 / 15 / 2010
	Amount of Each Disbursement this Period 494.69 SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	637.19
<b>TOTAL</b> 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)

PAGE 35 / 70

<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 Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Allan L. Behler, Jr. <hr/> Mailing Address 1180 Old Winberry Road <hr/> City Broad Creek State NC Zip Code 28570- <hr/> Purpose of Disbursement Travel Expense Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28644 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 95.18 <hr/> TRAVEL EXPENSE REIMBURSEMENT

<b>B.</b> Full Name (Last, First, Middle Initial) Best Payment Solutions <hr/> Mailing Address 2525 Horizon Lake Drive, Suite #12 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Terminal Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28704 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00 <hr/> CREDIT CARD TERMINAL FEE

<b>C.</b> Full Name (Last, First, Middle Initial) Best Payment Solutions <hr/> Mailing Address 2525 Horizon Lake Drive, Suite #12 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Visa/MC Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28702 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 307.10 <hr/> VISA/MC CREDIT CARD FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	407.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 36 / 70

<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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Blackbaud, Inc.	Transaction ID: 00512.E28700 Date of Disbursement 04 / 30 / 2010
	Mailing Address 9605 Scranton Road, Suite 200	Amount of Each Disbursement this Period 253.80
	City San Diego State CA Zip Code 92121-	
	Purpose of Disbursement Online Credit Card Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ONLINE CREDIT CARD FEES

B.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of NC	Transaction ID: 00419.E28546 Date of Disbursement 04 / 14 / 2010
	Mailing Address PO Box 30071	Amount of Each Disbursement this Period 3273.58
	City Durham State NC Zip Code 27702-3071	
	Purpose of Disbursement Employee Insurance	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMPLOYEE INSURANCE

C.	Full Name (Last, First, Middle Initial) Datasages Consulting Group	Transaction ID: 00416.E28488 Date of Disbursement 04 / 07 / 2010
	Mailing Address 8364 Six Forks Road, Suite 104	Amount of Each Disbursement this Period 750.00
	City Raleigh State NC Zip Code 27615-	
	Purpose of Disbursement Computer Support	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		COMPUTER SUPPORT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4277.38
<b>TOTAL</b> 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Datasages Consulting Group	Transaction ID: 00416.E28487 Date of Disbursement 04 / 07 / 2010
	Mailing Address 8364 Six Forks Road, Suite 104	Amount of Each Disbursement this Period 1012.50
	City Raleigh State NC Zip Code 27615-	
	Purpose of Disbursement Computer Support Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		COMPUTER SUPPORT

B.	Full Name (Last, First, Middle Initial) Emotive	Transaction ID: 00512.E28658 Date of Disbursement 04 / 19 / 2010
	Mailing Address 2800 Shirlington Road Ninth Floor	Amount of Each Disbursement this Period 1200.00
	City Arlington State VA Zip Code 22206-	
	Purpose of Disbursement Develop Website for State Conventio Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DEVELOP WEBSITE FOR STATE CONVENTIO

C.	Full Name (Last, First, Middle Initial) Ms. Jessica L. Farnsworth	Transaction ID: 00512.E28706 Date of Disbursement 04 / 15 / 2010
	Mailing Address 104 Silver Lining Lane	Amount of Each Disbursement this Period 504.23
	City Cary State NC Zip Code 27513-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2716.73
<b>TOTAL</b> 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 Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jessica L. Farnsworth Mailing Address 104 Silver Lining Lane City Cary State NC Zip Code 27513- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28707 Date of Disbursement MM / DD / YYYY 04 / 30 / 2010
	Amount of Each Disbursement this Period 385.10 PAYROLL

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas H. Fetzer, Jr. Mailing Address 713 Brunswick Drive City Raleigh State NC Zip Code 27609- Purpose of Disbursement See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00416.E28499 Date of Disbursement MM / DD / YYYY 04 / 07 / 2010
	Amount of Each Disbursement this Period 480.92 SEE BELOW

<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266- Purpose of Disbursement Cell Phones Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00416.E28498 Date of Disbursement MM / DD / YYYY 04 / 07 / 2010
	Amount of Each Disbursement this Period 480.92 [MEMO ITEM] MEMO: CELL PHONES CHARGES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	866.02
<b>TOTAL</b> 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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas H. Fetzer, Jr. <hr/> Mailing Address 713 Brunswick Drive <hr/> City Raleigh State NC Zip Code 27609- <hr/> Purpose of Disbursement Travel/Meals Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00512.E28673 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 227.36
			TRAVEL/MEALS REIMBURSEMENT
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Tami Fitzgerald <hr/> Mailing Address 109 Carpathian Way <hr/> City Raleigh State NC Zip Code 27615- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00512.E28726 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 961.29
			PAYROLL
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Tami Fitzgerald <hr/> Mailing Address 109 Carpathian Way <hr/> City Raleigh State NC Zip Code 27615- <hr/> Purpose of Disbursement Travel/Postage Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00512.E28676 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 325.60
			TRAVEL/POSTAGE REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>1514.25</b>	
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Tami Fitzgerald</p> <p>Mailing Address 109 Carpathian Way</p> <p>City Raleigh State NC Zip Code 27615-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28727</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1147.35"/></p> <p>PAYROLL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Kelsey Jackson</p> <p>Mailing Address 1428 Olde Eden Drive</p> <p>City High Point State NC Zip Code 27265-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28710</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="201.79"/></p> <p>PAYROLL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Kelsey Jackson</p> <p>Mailing Address 1428 Olde Eden Drive</p> <p>City High Point State NC Zip Code 27265-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28711</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="123.67"/></p> <p>PAYROLL</p>

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

**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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Karen G. Langham	Transaction ID: 00512.E28679 Date of Disbursement MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 4737 Royal Troon Drive	Amount of Each Disbursement this Period 121.38
	City Raleigh State NC Zip Code 27604-5845	
	Purpose of Disbursement Light Bulbs/Coffee Reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mrs. Karen G. Langham	Transaction ID: 00512.E28712 Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 4737 Royal Troon Drive	Amount of Each Disbursement this Period 1889.08
	City Raleigh State NC Zip Code 27604-5845	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mrs. Karen G. Langham	Transaction ID: 00512.E28681 Date of Disbursement MM / DD / YYYY 04 / 28 / 2010
	Mailing Address 4737 Royal Troon Drive	Amount of Each Disbursement this Period 32.75
	City Raleigh State NC Zip Code 27604-5845	
	Purpose of Disbursement Travel & See Below	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2043.21
<b>TOTAL</b> 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 Executive Committee

A.

Full Name (Last, First, Middle Initial)  
Harris Teeter

Transaction ID: 00512.E28680  
Date of Disbursement

Mailing Address 500 Oberlin Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

City Raleigh State NC Zip Code 27605-

Amount of Each Disbursement this Period

23.95
-------

Purpose of Disbursement  
Food for Staff

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]  
MEMO: FOOD FOR STAFF

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mrs. Karen G. Langham

Transaction ID: 00512.E28713  
Date of Disbursement

Mailing Address 4737 Royal Troon Drive

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

City Raleigh State NC Zip Code 27604-5845

Amount of Each Disbursement this Period

1889.08
---------

Purpose of Disbursement  
Payroll

Category/ Type
-------------------

Candidate Name

PAYROLL

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Madison Management Group

Transaction ID: 00416.E28496  
Date of Disbursement

Mailing Address 3101 Hemlock Hills Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	0

City Apex State NC Zip Code 27539-

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Political Consulting Services

Category/ Type
-------------------

Candidate Name

POLITICAL CONSULTING SERVICES

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

3889.08
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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 Executive Committee

A.

Full Name (Last, First, Middle Initial)  
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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00512.E28636  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

EMPLOYEE INSURANCE

B.

Full Name (Last, First, Middle Initial)  
Metro Mailing and Printing

Mailing Address 109 Winona Street

City State Zip Code  
Charlotte NC 28203-

Purpose of Disbursement  
Postage for Haley Barbour Invitatio

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00409.E28432  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

POSTAGE FOR HALEY BARBOUR INVITATIO

C.

Full Name (Last, First, Middle Initial)  
Metro Mailing and Printing

Mailing Address 109 Winona Street

City State Zip Code  
Charlotte NC 28203-

Purpose of Disbursement  
Donor Thank You Letters

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00512.E28665  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

DONOR THANK YOU LETTERS

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

**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)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

A.	Full Name (Last, First, Middle Initial) Neopost Inc.	Transaction ID: 00426.E28597 Date of Disbursement 04 / 19 / 2010
	Mailing Address PO Box 45800	
	City San Francisco State CA Zip Code 94145-0800	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Postage for Postage Meter Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE FOR POSTAGE METER

B.	Full Name (Last, First, Middle Initial) Old School Productions	Transaction ID: 00512.E28664 Date of Disbursement 04 / 28 / 2010
	Mailing Address PO Box 99667	
	City Raleigh State NC Zip Code 27624-	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Consulting for Fundraiser Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING FOR FUNDRAISER

C.	Full Name (Last, First, Middle Initial) Mr. Russell Peck	Transaction ID: 00512.E28687 Date of Disbursement 04 / 07 / 2010
	Mailing Address 1330 Dylan Heath Court	
	City Raleigh State NC Zip Code 27608-	Amount of Each Disbursement this Period 506.34
	Purpose of Disbursement Travel/Hotel & See Below Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TRAVEL/HOTEL & SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6006.34
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266- Purpose of Disbursement Cell Phones Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28683 Date of Disbursement 04 / 07 / 2010
	Amount of Each Disbursement this Period 127.63
	<b>[MEMO ITEM]</b> MEMO: CELL PHONES CHARGES
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Russell Peck Mailing Address 1330 Dylan Heath Court City Raleigh State NC Zip Code 27608- Purpose of Disbursement Travel Reimbursement & See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28696 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 423.13
	TRAVEL REIMBURSEMENT & SEE BELOW
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266- Purpose of Disbursement Cell Phones Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28695 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 126.16
	<b>[MEMO ITEM]</b> MEMO: CELL PHONES CHARGES
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	423.13
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

A.	Full Name (Last, First, Middle Initial) Piedmont Printing	Transaction ID: 00512.E28629 Date of Disbursement 04 / 28 / 2010
	Mailing Address PO Box 430	Amount of Each Disbursement this Period 613.61
	City Asheville State NC Zip Code 27204-	
	Purpose of Disbursement Print NCGOP Letterhead	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINT NCGOP LETTERHEAD

B.	Full Name (Last, First, Middle Initial) Piedmont Printing	Transaction ID: 00512.E28630 Date of Disbursement 04 / 28 / 2010
	Mailing Address PO Box 430	Amount of Each Disbursement this Period 121.81
	City Asheville State NC Zip Code 27204-	
	Purpose of Disbursement Print NCGOP Envelopes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINT NCGOP ENVELOPES

C.	Full Name (Last, First, Middle Initial) Bob Pruett	Transaction ID: 00516.C356234IK Date of Disbursement 04 / 30 / 2010
	Mailing Address PO Box 695 227 Rudolph Drive	Amount of Each Disbursement this Period 129.50
	City Beaufort State NC Zip Code 28516-	
	Purpose of Disbursement Travel County Chair Training	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND: TRAVEL COUNTY CH- AIR TRAINING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>864.92</b>
<b>TOTAL</b> 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Dodie B. Renfer	Transaction ID: 00416.E28494 Date of Disbursement 04 / 07 / 2010
	Mailing Address 721 Raymond Drive	Amount of Each Disbursement this Period 122.37
	City Clayton State NC Zip Code 27527-	
	Purpose of Disbursement See Below	SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 00416.E28493 Date of Disbursement 04 / 07 / 2010
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 122.37
	City Dallas State TX Zip Code 75266-	
	Purpose of Disbursement Cell Phones Charges	[MEMO ITEM] MEMO: CELL PHONES CHARGES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mrs. Dodie B. Renfer	Transaction ID: 00512.E28716 Date of Disbursement 04 / 15 / 2010
	Mailing Address 721 Raymond Drive	Amount of Each Disbursement this Period 1558.15
	City Clayton State NC Zip Code 27527-	
	Purpose of Disbursement Payroll	PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1680.52

**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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Mrs. Dodie B. Renfer	Transaction ID: 00512.E28685 Date of Disbursement 04 / 22 / 2010
	Mailing Address 721 Raymond Drive	Amount of Each Disbursement this Period 299.69
	City Clayton State NC Zip Code 27527-	
	Purpose of Disbursement Travel/Meals Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TRAVEL/MEALS REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Mrs. Dodie B. Renfer	Transaction ID: 00512.E28717 Date of Disbursement 04 / 30 / 2010
	Mailing Address 721 Raymond Drive	Amount of Each Disbursement this Period 1558.15
	City Clayton State NC Zip Code 27527-	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Mr. Douglas Raymond Schooley	Transaction ID: 00512.E28657 Date of Disbursement 04 / 22 / 2010
	Mailing Address PO Box 2057 801 Deerfield Drive	Amount of Each Disbursement this Period 4297.99
	City Beaufort State NC Zip Code 28516-	
	Purpose of Disbursement Purchase Karl Rove Books Reimbursme	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PURCHASE KARL ROVE BOOKS REIMBURSME

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6155.83</b>
<b>TOTAL</b> 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Mr. Jordan Shaw	Transaction ID: 00512.E28694 Date of Disbursement 04 / 14 / 2010
	Mailing Address 4001 Dresher Court	Amount of Each Disbursement this Period 67.84
	City High Point State NC Zip Code 27265-	
	Purpose of Disbursement See Below	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW

B.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: 00512.E28693 Date of Disbursement 04 / 14 / 2010
	Mailing Address PO Box 660075	Amount of Each Disbursement this Period 67.84
	City Dallas State TX Zip Code 75266-	
	Purpose of Disbursement Cell Phones Charges	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: CELL PHONES CHARGES

C.	Full Name (Last, First, Middle Initial) Mr. Jordan Shaw	Transaction ID: 00512.E28640 Date of Disbursement 04 / 22 / 2010
	Mailing Address 4001 Dresher Court	Amount of Each Disbursement this Period 47.40
	City High Point State NC Zip Code 27265-	
	Purpose of Disbursement Travel Expense Reimbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TRAVEL EXPENSE REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	115.24
<b>TOTAL</b> 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 Executive Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Wanda T. Shivers</p> <p>Mailing Address 4204 Stratford Drive</p> <p>City Wilson State NC Zip Code 27896-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28720</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1141.60"/></p> <p><b>PAYROLL</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Wanda T. Shivers</p> <p>Mailing Address 4204 Stratford Drive</p> <p>City Wilson State NC Zip Code 27896-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28721</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1141.60"/></p> <p><b>PAYROLL</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Anne Stewart</p> <p>Mailing Address 6300-213 Terra Verde Drive</p> <p>City Raleigh State NC Zip Code 27609-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28723</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="357.32"/></p> <p><b>PAYROLL</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2640.52"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Anne Stewart</p> <p>Mailing Address 6300-213 Terra Verde Drive</p> <p>City Raleigh State NC Zip Code 27609-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00512.E28722 <b>Date of Disbursement</b> 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1139.56</p> <p><b>PAYROLL</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Strategic Fundraising</p> <p>Mailing Address 2625 Momentum Place</p> <p>City Chicago State IL Zip Code 60689-</p> <p>Purpose of Disbursement Generic Telemarketing Prosp. Donors</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00416.E28492 <b>Date of Disbursement</b> 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1425.00</p> <p><b>GENERIC TELEMARKETING PRO-SP. DONORS</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Strategic Fundraising</p> <p>Mailing Address 2625 Momentum Place</p> <p>City Chicago State IL Zip Code 60689-</p> <p>Purpose of Disbursement Generic Telemarketing Prosp. Donors</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00416.E28491 <b>Date of Disbursement</b> 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 825.00</p> <p><b>GENERIC TELEMARKETING PRO-SP. DONORS</b></p>

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

3389.56

**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 Executive Committee

A. Strategic Fundraising	Full Name (Last, First, Middle Initial)	Transaction ID: 00512.E28655																					
	Mailing Address 2625 Momentum Place	Date of Disbursement																					
	City Chicago State IL Zip Code 60689-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	4		2	0	1	0														
	Purpose of Disbursement Verify Donor Email List	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td>17.00</td> </tr> </table>		17.00																			
17.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					
		VERFIY DONOR EMAIL LIST																					

B. Strategic Fundraising	Full Name (Last, First, Middle Initial)	Transaction ID: 00512.E28648																					
	Mailing Address 2625 Momentum Place	Date of Disbursement																					
	City Chicago State IL Zip Code 60689-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	4		2	0	1	0														
	Purpose of Disbursement Generic Telemarketing Prosp. Donors	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td>1802.00</td> </tr> </table>		1802.00																			
1802.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					
		GENERIC TELEMARKETING PRO-SP. DONORS																					

C. Strategic Fundraising	Full Name (Last, First, Middle Initial)	Transaction ID: 00512.E28653																					
	Mailing Address 2625 Momentum Place	Date of Disbursement																					
	City Chicago State IL Zip Code 60689-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	2		2	0	1	0														
	Purpose of Disbursement Verify Donor Email List	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td>15.00</td> </tr> </table>		15.00																			
15.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					
		VERFIY DONOR EMAIL LIST																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1834.00
<b>TOTAL</b> 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 Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Strategic Fundraising Mailing Address 2625 Momentum Place City Chicago State IL Zip Code 60689- Purpose of Disbursement Generic Telemarketing Prosp. Donors Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28649 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 3700.00 Category/Type GENERIC TELEMARKETING PRO-SP. DONORS

<b>B.</b> Full Name (Last, First, Middle Initial) Strategic Fundraising Mailing Address 2625 Momentum Place City Chicago State IL Zip Code 60689- Purpose of Disbursement Generic Telemarketing Indiv. Donors Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28652 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5778.93 Category/Type GENERIC TELEMARKETING IND-IV. DONORS

<b>C.</b> Full Name (Last, First, Middle Initial) Strategic Fundraising Mailing Address 2625 Momentum Place City Chicago State IL Zip Code 60689- Purpose of Disbursement Generic Telemarketing Prosp. Donors Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28650 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2070.00 Category/Type GENERIC TELEMARKETING PRO-SP. DONORS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11548.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

A.	Full Name (Last, First, Middle Initial) Ms. Katie Sullivan	Transaction ID: 00512.E28691 Date of Disbursement 04 / 14 / 2010
	Mailing Address 1130-202 Clarion Heights Lane	Amount of Each Disbursement this Period 18.66
	City Raleigh State NC Zip Code 27606-	
	Purpose of Disbursement See Below	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW

B.	Full Name (Last, First, Middle Initial) Harris Teeter	Transaction ID: 00512.E28692 Date of Disbursement 04 / 14 / 2010
	Mailing Address 500 Oberlin Road	Amount of Each Disbursement this Period 18.66
	City Raleigh State NC Zip Code 27605-	
	Purpose of Disbursement Food for Meeting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: FOOD FOR MEETING

C.	Full Name (Last, First, Middle Initial) Ms. Katie Sullivan	Transaction ID: 00512.E28724 Date of Disbursement 04 / 15 / 2010
	Mailing Address 1130-202 Clarion Heights Lane	Amount of Each Disbursement this Period 743.02
	City Raleigh State NC Zip Code 27606-	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	761.68
<b>TOTAL</b> 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 Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Katie Sullivan Mailing Address 1130-202 Clarion Heights Lane City Raleigh State NC Zip Code 27606- Purpose of Disbursement Meals Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00514.E28735 Date of Disbursement 04 / 22 / 2010
	Amount of Each Disbursement this Period 18.09 MEALS REIMBURSEMENT

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Katie Sullivan Mailing Address 1130-202 Clarion Heights Lane City Raleigh State NC Zip Code 27606- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28725 Date of Disbursement 04 / 30 / 2010
	Amount of Each Disbursement this Period 449.06 PAYROLL

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Tyson Mailing Address 4507 West Fairway Drive City New Bern State NC Zip Code 28562-7533 Purpose of Disbursement Reception for NCGOP Chairman Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00516.C356233IK Date of Disbursement 04 / 30 / 2010
	Amount of Each Disbursement this Period 500.00 IN KIND: RECEPTION FOR NCGOP CHAIRMAN

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	967.15
<b>TOTAL</b> 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: 00512.E28659 Date of Disbursement 04 / 14 / 2010
	Mailing Address Capitol Station 311 New Bern Avenue	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27601-	
	Purpose of Disbursement Postage for Business Reply Mail	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE FOR BUSINESS REPLY MAIL

B.	Full Name (Last, First, Middle Initial) Valic	Transaction ID: 00419.E28545 Date of Disbursement 04 / 14 / 2010
	Mailing Address c/o Chase Bank of Texas PO Box 201700	Amount of Each Disbursement this Period 122.21
	City Houston State TX Zip Code 77216-	
	Purpose of Disbursement Employer IRA Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMPLOYER IRA CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Valic	Transaction ID: 00419.E28544 Date of Disbursement 04 / 15 / 2010
	Mailing Address c/o Chase Bank of Texas PO Box 201700	Amount of Each Disbursement this Period 203.08
	City Houston State TX Zip Code 77216-	
	Purpose of Disbursement Employee IRA Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMPLOYEE IRA CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1325.29
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Valic <hr/> Mailing Address c/o Chase Bank of Texas PO Box 201700 <hr/> City Houston State TX Zip Code 77216- <hr/> Purpose of Disbursement Employer IRA Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 122.21 <hr/> EMPLOYER IRA CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Valic <hr/> Mailing Address c/o Chase Bank of Texas PO Box 201700 <hr/> City Houston State TX Zip Code 77216- <hr/> Purpose of Disbursement Employee IRA Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28631 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 203.08 <hr/> EMPLOYEE IRA CONTRIBUTION

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

325.29

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

68428.18

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 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 checked="" 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 Executive Committee

A.

Full Name (Last, First, Middle Initial)  
Fred Eshelman

Mailing Address 929 North Front Street

City State Zip Code  
Wilmington NC 28401-

Purpose of Disbursement  
Refund of Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 00512.E28656

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) ADP Easypay	Transaction ID: 00514.E28728 Date of Disbursement 04 / 15 / 2010
	Mailing Address 201 Regency Executive Park Drive	Amount of Each Disbursement this Period 3956.49
	City Charlotte State NC Zip Code 28217-3986	
	Purpose of Disbursement Payroll Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) ADP Easypay	Transaction ID: 00514.E28730 Date of Disbursement 04 / 30 / 2010
	Mailing Address 201 Regency Executive Park Drive	Amount of Each Disbursement this Period 3946.24
	City Charlotte State NC Zip Code 28217-3986	
	Purpose of Disbursement Payroll Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of NC	Transaction ID: 00514.E28734 Date of Disbursement 04 / 14 / 2010
	Mailing Address PO Box 30071	Amount of Each Disbursement this Period 828.10
	City Durham State NC Zip Code 27702-3071	
	Purpose of Disbursement Employee Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMPLOYEE INSURANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	8730.83
<b>TOTAL</b> 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 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 Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ingram Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031-1316 Purpose of Disbursement Postage for Party Fundraising Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28661 Date of Disbursement 04 / 23 / 2010	Amount of Each Disbursement this Period 1268.60
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Russell Peck Mailing Address 1330 Dylan Heath Court City Raleigh State NC Zip Code 27608- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28714 Date of Disbursement 04 / 15 / 2010	Amount of Each Disbursement this Period 2087.74
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Russell Peck Mailing Address 1330 Dylan Heath Court City Raleigh State NC Zip Code 27608- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00512.E28715 Date of Disbursement 04 / 30 / 2010	Amount of Each Disbursement this Period 2087.74

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5444.08
<b>TOTAL</b> 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 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 Executive Committee

A.	Full Name (Last, First, Middle Initial) Response America LLC	Transaction ID: 00512.E28697 Date of Disbursement 04 / 28 / 2010
	Mailing Address 2800 Shirlington Road, Suite 901	Amount of Each Disbursement this Period 29393.70
	City Arlington State VA Zip Code 22206-	
	Purpose of Disbursement Generic Donor/Prospect Direct Mail	Category/ Type GENERIC DONOR/PROSPECT DI- RECT MAIL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Jordan Shaw	Transaction ID: 00512.E28718 Date of Disbursement 04 / 15 / 2010
	Mailing Address 4001 Dresher Court	Amount of Each Disbursement this Period 1235.04
	City High Point State NC Zip Code 27265-	
	Purpose of Disbursement Payroll	Category/ Type PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Jordan Shaw	Transaction ID: 00512.E28719 Date of Disbursement 04 / 30 / 2010
	Mailing Address 4001 Dresher Court	Amount of Each Disbursement this Period 1235.03
	City High Point State NC Zip Code 27265-	
	Purpose of Disbursement Payroll	Category/ Type PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>31863.77</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>54483.77</b>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Time Warner Cable			Nature of Debt (Purpose): Cable & Internet Service
Mailing Address PO Box 70873			
City Charlotte	State NC	ZIP Code 28272-0804	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS00516.E28742	
Amount Incurred This Period <input type="text" value="417.78"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="417.78"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Time Warner Cable			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 70873			
City Charlotte	State NC	ZIP Code 28272-0804	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS00516.E28739	
Amount Incurred This Period <input type="text" value="124.62"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="124.62"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Strategic Fundraising			Nature of Debt (Purpose): Generic Telemarketing Pro- sp. Donors
Mailing Address 2625 Momentum Place			
City Chicago	State IL	ZIP Code 60689-	

Outstanding Balance Beginning This Period <input type="text" value="1425.00"/>		<b>Transaction ID:</b> LS00416.E28492	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1425.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="542.40"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Diamond Springs	Nature of Debt (Purpose): Water Service
Mailing Address 2400 Charles City Road PO Box 38668	
City Richmond State VA ZIP Code 23231-	

Outstanding Balance Beginning This Period 55.08	<b>Transaction ID:</b> LS00416.E28486	
Amount Incurred This Period 0.00	Payment This Period 55.08	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Diamond Springs	Nature of Debt (Purpose): Water Service
Mailing Address 2400 Charles City Road PO Box 38668	
City Richmond State VA ZIP Code 23231-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS00516.E28738	
Amount Incurred This Period 41.32	Payment This Period 0.00	Outstanding Balance at Close of This Period 41.32

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fred Eshelman	Nature of Debt (Purpose): Refund
Mailing Address 929 North Front Street	
City Wilmington State NC ZIP Code 28401-	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID:</b> LS00512.E28656	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	41.32
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 65 / 70
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor A Professional Conference Call	Nature of Debt (Purpose): Conference Calls to County Chairmen
Mailing Address PO Box 2939	
City Southampton State NY ZIP Code 11969-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS00516.E28737	
Amount Incurred This Period 1235.41	Payment This Period 0.00	Outstanding Balance at Close of This Period 1235.41

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor A Professional Conference Call	Nature of Debt (Purpose): Conference Calls to County Chairmen
Mailing Address PO Box 2939	
City Southampton State NY ZIP Code 11969-	

Outstanding Balance Beginning This Period 582.97	<b>Transaction ID:</b> LS00512.E28663	
Amount Incurred This Period 0.00	Payment This Period 582.97	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Metro Mailing and Printing	Nature of Debt (Purpose): Postage for Haley Barbour Invitatio
Mailing Address 109 Winona Street	
City Charlotte State NC ZIP Code 28203-	

Outstanding Balance Beginning This Period 2089.49	<b>Transaction ID:</b> LS00409.E28432	
Amount Incurred This Period 0.00	Payment This Period 2089.49	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1235.41
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Triad Telecom			Nature of Debt (Purpose): Telephone Service
Mailing Address PO Box 2673			
City Greensboro	State NC	ZIP Code 27402-2673	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS00516.E28740	
Amount Incurred This Period <input type="text" value="4534.52"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4534.52"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> I365 Inc.			Nature of Debt (Purpose): Computer Back Up Protection
Mailing Address 15422 Collections Center Drive			
City Chicago	State IL	ZIP Code 60693-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> LS00516.E28741	
Amount Incurred This Period <input type="text" value="223.30"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="223.30"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4757.82"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="6576.95"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="6576.95"/>

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED 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)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 North Carolina Republican Executive Committee

**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)
- X  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 Executive Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NC Republican Party State Account	M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	1403.13

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	1403.13	Transaction ID: H300514.C356232
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	1403.13
<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) .....	1403.13

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Progress Energy Carolinas, Inc.			Type of Allocated Activity: <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 2041			Allocated Activity or Event Year-To-Date 11316.58		
City Raleigh	State NC	Zip Code 27698-0001	Date <input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Utilities			Transaction ID: H400416.E28495		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
202.31		761.05		963.36

<b>B. Full Name (Last, First, Middle Initial)</b> Jani-King of Raleigh Durham			Type of Allocated Activity: <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 801 Jones Franklin Road, Suite 230			Allocated Activity or Event Year-To-Date 10353.22		
City Raleigh	State NC	Zip Code 27606-	Date <input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Cleaning Service			Transaction ID: H400416.E28497		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.40		268.60		340.00

<b>C. Full Name (Last, First, Middle Initial)</b> City of Raleigh			Type of Allocated Activity: <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 96084			Allocated Activity or Event Year-To-Date 11789.33		
City Charlotte	State NC	Zip Code 28296-0084	Date <input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Utilities			Transaction ID: H400512.E28628		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.90		89.91		113.81

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
297.61		1119.56		1417.17

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
North Carolina Republican Executive Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Broadview Security			Type of Allocated Activity: <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 70834			Allocated Activity or Event Year-To-Date 11675.52		
City Charlotte	State NC	Zip Code 28272-	Date M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0		
Purpose of Disbursement: Security System			Transaction ID: H400512.E28635		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.34		27.61		34.95

<b>B. Full Name (Last, First, Middle Initial)</b> Staples Credit Plan			Type of Allocated Activity: <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 11640.57		
City Des Moines	State IA	Zip Code 50368-9020	Date M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0		
Purpose of Disbursement: Office Supplies			Transaction ID: H400512.E28637		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.04		255.95		323.99

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.38		283.56		358.94

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
372.99		1403.12		1776.11