

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 North Carolina Republican Party

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00038505 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 01 2015 through 06 30 2015

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 David Cozart

Signature of Treasurer David Cozart [Electronically Filed] Date 07 17 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Republican Party

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		218200.16
(b) Cash on Hand at Beginning of Reporting Period.....	305402.57	
(c) Total Receipts (from Line 19)	61065.32	673354.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	366467.89	891554.35
7. Total Disbursements (from Line 31).....	195081.96	720168.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	171385.93	171385.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5923.85	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Carolina Republican Party

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13136.16	262692.16
(ii) Unitemized	19579.00	217388.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32715.16	480080.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17150.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32715.16	497230.28
12. Transfers From Affiliated/Other Party Committees.....	11971.91	114312.91
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).....	7754.55	15159.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	8623.70	46651.18
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	8623.70	46651.18
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	61065.32	673354.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52441.62	626703.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	4850.83	26241.35
(ii) Non-Federal Share.....	8623.69	46651.11
(b) Other Federal Operating Expenditures	179722.44	641665.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	193196.96	714558.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1885.00	5610.00
(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)).....	1885.00	5610.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	195081.96	720168.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	186458.27	673517.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32715.16	497230.28
34. Total Contribution Refunds (from Line 28(d))	1885.00	5610.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30830.16	491620.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	184573.27	667907.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	7754.55	15159.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	176818.72	652747.49

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XN
Transaction ID :

The reimbursements of bank charges from the NC Republican Party non-federal account were reimbursements for non-federal bank charges that had been charged to the federal account. Funds transferred from the Republican National Committee were not earmarked for any particular program. The transfer from Thom Tillis Victory Committee on Line 12 is the pro-rata allocation of a voided stale dated check paid by the now terminated joint fundraising committee (Thom Tillis Victory Committee - C00564633). This distribution was split according to the pro-rata allocation for each joint fundraising committee participant. Thom Tillis Victory Committee has reported the activity accordingly. The expenditures for the state convention were expenses for a Party building fundraising event and were not made on behalf of any specifically identified federal candidate. The expenditures to Neopost were for postage on the postage meter which is used in the office. The allocation of salaries and payroll taxes were for employees who do not spend more than 25% of their compensated time on federal elections or federal election activity. All three employees maintain a daily log to account for their work schedule and no employee has exceeded spending more than 25% of their time on federal activity. The mileage reimbursements were reimbursements to staff members for travel throughout the state. Some of the amounts reimbursed to staff members do not print on the FEC report because the vendors are below the \$200 per year itemization level.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Mark Amick

Mailing Address 3695 Broadmoor Way

City Frisco State TX Zip Code 75033-2849

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

Name of Employer Retired Occupation Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
06 / 09 / 2015

Transaction ID : 50615.C420288

Amount of Each Receipt this Period
260.00

Receipt

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

Mailing Address 4 Deerwood Court

City Greensboro State NC Zip Code 27410

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 ▼ **1130.00**

Date of Receipt
06 / 05 / 2015

Transaction ID : 50615.C420130

Amount of Each Receipt this Period
155.00

Receipt

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

Mailing Address 177 Chicahauk Trail
PO Box 1174

City Southern Shores State NC Zip Code 27949

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

Name of Employer Identify Yourself Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt
06 / 09 / 2015

Transaction ID : 50615.C420102

Amount of Each Receipt this Period
190.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... **605.00**

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 8 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Thad Ausband

Mailing Address 177 Chicahauk Trail
PO Box 1174

City Southern Shores State NC Zip Code 27949

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

Name of Employer Identify Yourself Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : 50615.C420362

Amount of Each Receipt this Period
110.00

Receipt

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

Mailing Address 204 South Eastwood Drive

City Benson State NC Zip Code 27504-9351

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

Name of Employer Identify Yourself Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1545.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 50617.C420452

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 11105 Beechcrest Lane

City Raleigh State NC Zip Code 27612

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

Name of Employer Identify Yourself Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : 50615.C420283

Amount of Each Receipt this Period
265.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Dianna Bingle

Mailing Address 5503 River Falls Drive

City State Zip Code
Charlotte NC 28215

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 ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 50617.C420455

Amount of Each Receipt this Period
20.00

Receipt

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

Mailing Address 12925 Baybriar Drive

City State Zip Code
Raleigh NC 27613

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 50617.C420450

Amount of Each Receipt this Period
25.00

Receipt

Full Name (Last, First, Middle Initial)
C. Janet Burhoe-Jones

Mailing Address 113 Long Branch Road

City State Zip Code
Swannanoa NC 28778-3522

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

Name of Employer Occupation
Retired Marketing Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : 50615.C420286

Amount of Each Receipt this Period
60.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Elizabeth Capitano

Mailing Address 10323 Johns Towne Drive

City State Zip Code
Charlotte NC 28210

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 ▼
430.00

Date of Receipt
 / /
 06 / 09 / 2015
Transaction ID : 50615.C420280

Amount of Each Receipt this Period
85.00

Receipt

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

Mailing Address 248 Cedar Club Circle

City State Zip Code
Chapel Hill NC 27517-7212

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 / /
 06 / 01 / 2015
Transaction ID : 50615.C420040

Amount of Each Receipt this Period
90.00

Receipt

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

Mailing Address 107 Patrick Street

City State Zip Code
Gastonia NC 28054-4223

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

Name of Employer Occupation
Self Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt
 / /
 06 / 10 / 2015
Transaction ID : 50615.C420377

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 1175.00

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 11 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Mailing Address 1221 North Pea Ridge Road

City Pittsboro	State NC	Zip Code 27312-7477
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Teacher
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 50617.C420445

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 2402 Lake Drive

City Raleigh	State NC	Zip Code 27609
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Antique Dealer
-----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : 50615.C420298

Amount of Each Receipt this Period
110.00

Receipt

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

Mailing Address 182 Cornatzer Road

City Mocksville	State NC	Zip Code 27028-7125
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation General Surgeon
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 50615.C420088

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Dick Darnall
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2934
1122 Pine Creek Road

City State Zip Code
Cashiers NC 28717

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 ▼
255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015
Transaction ID : 50615.C420266

Amount of Each Receipt this Period
255.00

Receipt

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

Mailing Address 2006 Sherwood Drive

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Self RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015
Transaction ID : 50615.C420269

Amount of Each Receipt this Period
85.00

Receipt

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

Mailing Address 306 Bowen Lake Drive

City State Zip Code
Kernersville NC 27284

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

Name of Employer Occupation
Self Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015
Transaction ID : 50615.C420333

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Mailing Address 5648 Soft Wind Drive

City Fuquay Varina State NC Zip Code 27526

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 06 / 01 / 2015
Transaction ID : 50615.C420048

Amount of Each Receipt this Period
 35.00

Receipt

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

Mailing Address 507 Maymont Drive

City Cramerton State NC Zip Code 28032

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

Name of Employer Tiaa-Cref Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 06 / 09 / 2015
Transaction ID : 50615.C420273

Amount of Each Receipt this Period
 120.00

Receipt

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

Mailing Address 459 Ocean Ridge Parkway Southwest

City Ocean Isle Beach State NC Zip Code 28469

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 ▼
 350.00

Date of Receipt
 06 / 01 / 2015
Transaction ID : 50615.C420171

Amount of Each Receipt this Period
 50.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Mailing Address 1521 Daybreak Ridge Road

City Kannapolis State NC Zip Code 28081

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

Name of Employer Self Occupation Bookkeeper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : 50615.C420279

Amount of Each Receipt this Period
70.00

Receipt

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

Mailing Address 6720 Churchill Park Court

City Charlotte State NC Zip Code 28210-3480

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

Name of Employer Retired Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

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

Transaction ID : 50615.C420066

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 5000 Heddon Way

City Greensboro State NC Zip Code 27455-3425

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

Name of Employer Retired Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

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

Transaction ID : 50615.C420087

Amount of Each Receipt this Period
475.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	745.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Surlles Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1649
 220 Harbour View Drive
 City Swansboro State NC Zip Code 28584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerald Coast Occupation General Contractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 50617.C420453
 Amount of Each Receipt this Period
 200.00
 Receipt

B. Mark Frietch
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 N Church Street #213
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : 50619.C420469
 Amount of Each Receipt this Period
 260.00
 Receipt

C. Virginia Galloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 Hale Mountain Court
 City Hiram State GA Zip Code 30141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Faith & Freedom Coalition Occupation Field Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : 50615.C420376
 Amount of Each Receipt this Period
 100.00
 Receipt

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 16 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Virginia Galloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 Hale Mountain Court
 City Hiram State GA Zip Code 30141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Faith & Freedom Coalition Occupation Field Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : 50615.C420375
 Amount of Each Receipt this Period
 200.00
 Receipt

B. Heather Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Brushy Mountain Road
 City Wilkesboro State NC Zip Code 28697-8410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Health Care System Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : 50617.C420456
 Amount of Each Receipt this Period
 100.00
 Receipt

C. Taylor Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 15th Street NW Apt 605
 City Washington State DC Zip Code 20005-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresh Ventures Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 50706.C420515
 Amount of Each Receipt this Period
 50.00
 Receipt

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Raymond Guys
Full Name (Last, First, Middle Initial)
Mailing Address 2033 Montrose Lane
City State Zip Code
Wilmington NC 28405-6208
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Tobacco Company
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015
Transaction ID : 50615.C420089
Amount of Each Receipt this Period
100.00
Receipt

B. William Hamby
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1732
City State Zip Code
Concord NC 28026
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
State of NC District Court Judge
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
285.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015
Transaction ID : 50615.C420172
Amount of Each Receipt this Period
75.00
Receipt

C. William Hartwell
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2397
218 Twain Avenue
City State Zip Code
Davidson NC 28036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Real Estate
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015
Transaction ID : 50615.C420281
Amount of Each Receipt this Period
155.00
Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
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 18 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Kimberley Hendrix
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 Blue Banks Farm Road
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Productions By Kim Occupation Event Planner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **495.00**

Date of Receipt **06 / 16 / 2015**
Transaction ID : 50617.C420447
 Amount of Each Receipt this Period **50.00**
 Receipt

B. Mozell Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 River Oaks Parkway
 City Timberlake State NC Zip Code 27583
 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 **425.00**

Date of Receipt **06 / 09 / 2015**
Transaction ID : 50615.C420267
 Amount of Each Receipt this Period **390.00**
 Receipt

C. Richard Hilliard
 Full Name (Last, First, Middle Initial)
 Mailing Address 7912 Harps Mill Road
 City Raleigh State NC Zip Code 27615-7407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Financial Planner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **245.00**

Date of Receipt **06 / 01 / 2015**
Transaction ID : 50615.C420170
 Amount of Each Receipt this Period **120.00**
 Receipt

SUBTOTAL of Receipts This Page (optional)..... **560.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Martha Jenkins
Full Name (Last, First, Middle Initial)
Mailing Address 3615 Moonlight Drive

City Chapel Hill	State NC	Zip Code 27516-5595
---------------------	-------------	------------------------

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

Name of Employer State of North Carolina	Occupation Legislative Correspondent
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **371.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : 50615.C420053

Amount of Each Receipt this Period

31.00

Receipt

B. Wilfred Jones
Full Name (Last, First, Middle Initial)
Mailing Address 381 Carolina Meadows Village

City Chapel Hill	State NC	Zip Code 27514-7521
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 50615.C420090

Amount of Each Receipt this Period

250.00

Receipt

C. Carolyn Justice
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 296

City Hampstead	State NC	Zip Code 28443-0296
-------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Property Manager
-----------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : 50617.C420454

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	381.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Ronda Kuehne

Mailing Address 7390 East Fork Road

City Brevard State NC Zip Code 28712-8967

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : 50706.C420545

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B. 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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : 50615.C420054

Amount of Each Receipt this Period
35.00

Receipt

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

Mailing Address 170 Clear Sky Trail

City Banner Elk State NC Zip Code 28604

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

Name of Employer Appalachain Regional Occupation Records Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 50615.C420126

Amount of Each Receipt this Period
255.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	1290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Michael Lyons

Mailing Address 2930 Patton Road

City State Zip Code
Franklin NC 28734-7894

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

Name of Employer Occupation
Swain County Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2015
Transaction ID : 50615.C420133

Amount of Each Receipt this Period
240.00

Receipt

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

Mailing Address 6584 Longwater Court Southwest

City State Zip Code
Ocean Isle Beach NC 28469

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

Name of Employer Occupation
Retired Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2015
Transaction ID : 50615.C420389

Amount of Each Receipt this Period
25.00

Receipt

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

Mailing Address 1728 Abberton Way

City State Zip Code
High Point NC 27534

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2015
Transaction ID : 50615.C420134

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	315.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Augustus McDowell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1728 Abberton Way
 City High Point State NC Zip Code 27534
 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 ▼ 405.00

Date of Receipt
 06 / 09 / 2015
Transaction ID : 50615.C420282
 Amount of Each Receipt this Period
 180.00
 Receipt

B. Augustus McDowell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1728 Abberton Way
 City High Point State NC Zip Code 27534
 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 ▼ 515.00

Date of Receipt
 06 / 17 / 2015
Transaction ID : 50619.C420470
 Amount of Each Receipt this Period
 110.00
 Receipt

C. Walter McDuffie
 Full Name (Last, First, Middle Initial)
 Mailing Address 4922 Mercer Mill PO Box 1630
 City Elizabethtown State NC Zip Code 28337-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDuffie Pest Control Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 06 / 09 / 2015
Transaction ID : 50615.C420135
 Amount of Each Receipt this Period
 120.00
 Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00
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 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Mailing Address 101 Great Point Place

City State Zip Code
Cary NC 27513-6271

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

Name of Employer Occupation
Ogletree Deakins Law Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
06 / 01 / 2015
Transaction ID : 50615.C420055

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 11 Balsam Drive

City State Zip Code
Waynesville NC 28786-9555

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

Name of Employer Occupation
Self Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1630.00

Date of Receipt
06 / 27 / 2015
Transaction ID : 50706.C420531

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 3003 Hillman Road

City State Zip Code
Kinston NC 28504-1113

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

Name of Employer Occupation
First Citizens Financial Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
06 / 15 / 2015
Transaction ID : 50616.C420422

Amount of Each Receipt this Period
100.00

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial) A. Christopher Peffley		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 50706.C420477
Mailing Address 112 Rose Sky Court		Amount of Each Receipt this Period 200.00
City Cary	State NC	Zip Code 27513-3580
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Lenovo	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Felice Pete		Date of Receipt MM / DD / YYYY 06 / 10 / 2015 Transaction ID : 50615.C420360
Mailing Address 1104 Glynn Springs Drive		Amount of Each Receipt this Period 200.00
City Williamsburg	State VA	Zip Code 23188
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer American Anesthesiology	Occupation Nurse Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Linda Petrou		Date of Receipt MM / DD / YYYY 06 / 09 / 2015 Transaction ID : 50615.C420320
Mailing Address 1324 Berwick Road		Amount of Each Receipt this Period 120.00
City Winston Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Wake Forest University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 25 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Mailing Address 1324 Berwick Road

City Winston Salem State NC Zip Code 27103

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

Name of Employer Wake Forest University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : 50615.C420321

Amount of Each Receipt this Period
25.00

Receipt

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

Mailing Address 2250 Mountain Tabor Road

City Creswell State NC Zip Code 27928

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

Name of Employer NC DOT Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.00**

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

Transaction ID : 50706.C420546

Amount of Each Receipt this Period
10.00

Receipt

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

Mailing Address PO Box 974
237 Hill Street

City Murphy State NC Zip Code 28906

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 50615.C420359

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ **235.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Leo Phillips

Mailing Address PO Box 974
237 Hill Street

City State Zip Code
Murphy NC 28906

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

Name of Employer Occupation
Self Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.16

Date of Receipt
06 / 29 / 2015
Transaction ID : 50706.C420550

Amount of Each Receipt this Period
20.16

Receipt

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

Mailing Address 2230 Carmel Road

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Self Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
06 / 16 / 2015
Transaction ID : 50617.C420446

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 2230 Carmel Road

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Self Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
06 / 17 / 2015
Transaction ID : 50617.C420465

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 85
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Lynette Rinker
Full Name (Last, First, Middle Initial)
Mailing Address 19064 Natalie Michelle Lane
City Cornelius State NC Zip Code 28031
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Business Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **410.00**

Date of Receipt **06 / 17 / 2015**
Transaction ID : 50617.C420467
Amount of Each Receipt this Period **200.00**
Receipt

B. Robert Rudolf
Full Name (Last, First, Middle Initial)
Mailing Address 1238 Wood Lily Circle
City Leland State NC Zip Code 28451-7686
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 **350.00**

Date of Receipt **06 / 15 / 2015**
Transaction ID : 50615.C420402
Amount of Each Receipt this Period **50.00**
Receipt

C. Frank Rush
Full Name (Last, First, Middle Initial)
Mailing Address 558 Hamberton Court Northwest
City Concord State NC Zip Code 28027
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Financial Advisor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **06 / 09 / 2015**
Transaction ID : 50615.C420275
Amount of Each Receipt this Period **170.00**
Receipt

SUBTOTAL of Receipts This Page (optional)..... **420.00**
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 28 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Carroll Russell

Mailing Address 173 Windy Ridge Drive

City Rutherfordton State NC Zip Code 28139

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 ▼
 310.00

Date of Receipt
 06 / 05 / 2015
Transaction ID : 50615.C420127

Amount of Each Receipt this Period
 310.00

Receipt

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

Mailing Address 4917 Boulder Creek Lane

City Raleigh State NC Zip Code 27613-6072

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 ▼
 210.00

Date of Receipt
 06 / 03 / 2015
Transaction ID : 50615.C420065

Amount of Each Receipt this Period
 100.00

Receipt

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

Mailing Address 753 Medinah Drive

City Winston Salem State NC Zip Code 27107

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

Name of Employer Carolina Anesthesiology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 105.00

Date of Receipt
 06 / 09 / 2015
Transaction ID : 50615.C420144

Amount of Each Receipt this Period
 105.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00

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 29 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Kevin Speight

Mailing Address 753 Medinah Drive

City Winston Salem State NC Zip Code 27107

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

Name of Employer Carolina Anesthesiology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : 50615.C420151

Amount of Each Receipt this Period
110.00

Receipt

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

Mailing Address 2941 Saint Claire Road

City Winston Salem State NC Zip Code 27106-5037

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : 50617.C420457

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 5837 Laurel Ridge Drive

City Snow Camp State NC Zip Code 27349

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

Name of Employer IFC Pediatrics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : 50615.C420278

Amount of Each Receipt this Period
155.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ **365.00**

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 30 OF 85
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Douglas Stewart

Mailing Address 710 Glenwood Avenue

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

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

Name of Employer The Stewart Group	Occupation Owner
---------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1990.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 50615.C420124

Amount of Each Receipt this Period
85.00

Receipt

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

Mailing Address 3709 Sagamore Drive

City Greensboro	State NC	Zip Code 27410
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Law Enforcement
-----------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 50615.C420132

Amount of Each Receipt this Period
170.00

Receipt

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

Mailing Address 17216 Belle Isle Drive

City Cornelius	State NC	Zip Code 28031-7719
-------------------	-------------	------------------------

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

Name of Employer Applied Revenue Analytics	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : 50615.C420264

Amount of Each Receipt this Period
240.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶	495.00
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 31 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Julie Terry

Mailing Address 3144 US Highway 13 North

City State Zip Code
 Ahoskie NC 27910

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

Name of Employer Occupation
 Hertford County Counselor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 505.00

Date of Receipt
 06 / 01 / 2015
Transaction ID : 50615.C420173

Amount of Each Receipt this Period
 360.00

Receipt

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

Mailing Address 213 Byrd Street

City State Zip Code
 Troy NC 27371

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

Name of Employer Occupation
 Montgomery County Sheriff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 110.00

Date of Receipt
 06 / 09 / 2015
Transaction ID : 50615.C420147

Amount of Each Receipt this Period
 110.00

Receipt

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

Mailing Address 213 Byrd Street

City State Zip Code
 Troy NC 27371

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

Name of Employer Occupation
 Montgomery County Sheriff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 09 / 2015
Transaction ID : 50615.C420270

Amount of Each Receipt this Period
 390.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 860.00

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 32 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Grant Whitney
Full Name (Last, First, Middle Initial)
Mailing Address 2528 Roswell Avenue

City Charlotte	State NC	Zip Code 28209-1650
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : 50615.C420318

Amount of Each Receipt this Period
85.00

Receipt

B. Grant Whitney
Full Name (Last, First, Middle Initial)
Mailing Address 2528 Roswell Avenue

City Charlotte	State NC	Zip Code 28209-1650
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 50615.C420371

Amount of Each Receipt this Period
220.00

Receipt

C. David Williams
Full Name (Last, First, Middle Initial)
Mailing Address 1114 Schaub Drive, Apt K

City Raleigh	State NC	Zip Code 27606
-----------------	-------------	-------------------

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

Name of Employer Presto Servers	Occupation CEO
------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : 50706.C420480

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 33 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Eddie Woodhouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4611 Embleton Drive
 City Raleigh State NC Zip Code 27612-5611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USDA Occupation Public Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 06 / 09 / 2015
Transaction ID : 50615.C420122
 Amount of Each Receipt this Period 375.00
 Receipt

B. Eddie Woodhouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4611 Embleton Drive
 City Raleigh State NC Zip Code 27612-5611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USDA Occupation Public Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 695.00

Date of Receipt 06 / 15 / 2015
Transaction ID : 50615.C420400
 Amount of Each Receipt this Period 20.00
 Receipt

C. Richard Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 193 Valley Stran Drive
 City Boone State NC Zip Code 28607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 09 / 2015
Transaction ID : 50615.C420323
 Amount of Each Receipt this Period 120.00
 Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00
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 34 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Mailing Address 193 Valley Stran Drive

City Boone State NC Zip Code 28607

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt **06 / 09 / 2015**
Transaction ID : 50615.C420322

Amount of Each Receipt this Period **25.00**

Receipt

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

Mailing Address 193 Valley Stran Drive

City Boone State NC Zip Code 28607

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **06 / 16 / 2015**
Transaction ID : 50617.C420459

Amount of Each Receipt this Period **30.00**

Receipt

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

Mailing Address 2204 Landings Way

City Raleigh State NC Zip Code 27615-5527

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

Name of Employer Retired Occupation Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 16 / 2015**
Transaction ID : 50617.C420449

Amount of Each Receipt this Period **25.00**

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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 35 OF 85
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial)
Theresa Yon

Mailing Address 201 North Elm Street #1405

City Greensboro State NC Zip Code 27401

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

Name of Employer Learning Together Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2015
Transaction ID : 50615.C420287

Amount of Each Receipt this Period
220.00

Receipt

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	13136.16

**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 36 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)
A. Republican National Committee

Mailing Address 310 First Street Southeast

City Washington State DC Zip Code 20003-

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41775.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : 50709.C420626

Amount of Each Receipt this Period
9050.00

Transfers From Affil./Auth.

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

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2921.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : 50706.C420479

Amount of Each Receipt this Period
2921.91

Transfers From Affil./Auth.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	11971.91
TOTAL This Period (last page this line number only).....▶	11971.91

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Mr. Steven C. Estep
Full Name (Last, First, Middle Initial)

Mailing Address 7085 High Meadow Drive

City Weddington State NC Zip Code 28104-9533

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

Name of Employer NC Republican Party Occupation Regional Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2097.90

Date of Receipt
06 / 16 / 2015
Transaction ID : 50617.C420443

Amount of Each Receipt this Period 349.65

Offsets to Operating Expenditu

Note:Health Insurance Reimburs

B. NC Republican Party
Full Name (Last, First, Middle Initial)

Mailing Address Non-Federal Account
1506 Hillsborough Street

City Raleigh State NC Zip Code 27605-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.87

Date of Receipt
06 / 18 / 2015
Transaction ID : 50619.C420472

Amount of Each Receipt this Period 36.18

Offsets to Operating Expenditu

Note:Bank Charge Reimbursement

C. NC Republican Party
Full Name (Last, First, Middle Initial)

Mailing Address Non-Federal Account
1506 Hillsborough Street

City Raleigh State NC Zip Code 27605-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 426.04

Date of Receipt
06 / 18 / 2015
Transaction ID : 50619.C420473

Amount of Each Receipt this Period 25.17

Offsets to Operating Expenditu

Note:Bank Charge Reimbursement

SUBTOTAL of Receipts This Page (optional)..... ▶ 411.00

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 38 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Raleigh Marriott City Center
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Fayetteville Street
 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 ▼ 7022.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : 50706.C420551
 Amount of Each Receipt this Period 7022.50
 Offsets to Operating Expenditu
 Note:Refund for Room Rental

B. US Postmaster
 Full Name (Last, First, Middle Initial)
 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 ▼ 260.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : 50615.C420388
 Amount of Each Receipt this Period 84.23
 Offsets to Operating Expenditu
 Note:Postage Refund

C. US Postmaster
 Full Name (Last, First, Middle Initial)
 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 ▼ 497.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : 50706.C420559
 Amount of Each Receipt this Period 236.82
 Offsets to Operating Expenditu
 Note:Postage Refund

SUBTOTAL of Receipts This Page (optional).....▶	7343.55
TOTAL This Period (last page this line number only).....▶	7754.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49027

Amount of Each Disbursement this Period

101.24

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49023

Amount of Each Disbursement this Period

1209.12

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49021

Amount of Each Disbursement this Period

4439.16

PAYROLL TAXES

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

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

5749.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49029

Amount of Each Disbursement this Period

65.80

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49024

Amount of Each Disbursement this Period

1209.10

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49022

Amount of Each Disbursement this Period

5669.96

PAYROLL TAXES

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

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

6944.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49030

Amount of Each Disbursement this Period

65.80

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

B. ADP Easypay

Mailing Address 201 Regency Executive Park Drive

City Charlotte State NC Zip Code 28217-3986

Purpose of Disbursement
Payroll Professional Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49028

Amount of Each Disbursement this Period

96.82

PAYROLL PROFESSIONAL FEE

Full Name (Last, First, Middle Initial)

C. Apple

Mailing Address 1 Infinite Loop

City Cupertino State CA Zip Code 95014-

Purpose of Disbursement
Deposit for Ipad

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 50619.E48900

Amount of Each Disbursement this Period

41.73

DEPOSIT FOR IPAD

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

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

204.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Apple

Mailing Address 1 Infinite Loop

City State Zip Code
Cupertino CA 95014-

Purpose of Disbursement
Purchase of Ipad

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 50619.E48901

Amount of Each Disbursement this Period

PURCHASE OF IPAD

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 1091

City State Zip Code
Charlotte NC 28201-1091

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 50619.E48859

Amount of Each Disbursement this Period

SERVICE CHARGE

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 1091

City State Zip Code
Charlotte NC 28201-1091

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 50619.E48858

Amount of Each Disbursement this Period

SERVICE CHARGE

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 Party

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Bank of America		MM / DD / YYYY 06 / 30 / 2015	
Mailing Address PO Box 1091		Transaction ID : 50709.E49020	
City Charlotte	State NC	Zip Code 28201-1091	Amount of Each Disbursement this Period
Purpose of Disbursement Service Charge	Candidate Name		14.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SERVICE CHARGE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Blue Cross Blue Shield of NC		MM / DD / YYYY 06 / 10 / 2015	
Mailing Address PO Box 580017		Transaction ID : 50706.E48914	
City Charlotte	State NC	Zip Code 28258-0017	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Medical Insurance	Candidate Name		840.93
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) ▼		EMPLOYEE MEDICAL INSURANCE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Blue Cross Blue Shield of NC		MM / DD / YYYY 06 / 10 / 2015	
Mailing Address PO Box 580017		Transaction ID : 50709.E48972	
City Charlotte	State NC	Zip Code 28258-0017	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Medical Insurance	Candidate Name		349.65
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) ▼		EMPLOYEE MEDICAL INSURANCE
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1204.58
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Ryan L. Bonifay

Mailing Address 4464 Timberfield Circle

City Pfafftown State NC Zip Code 27040-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : 50709.E49053

Amount of Each Disbursement this Period

1753.66

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Ryan L. Bonifay

Mailing Address 4464 Timberfield Circle

City Pfafftown State NC Zip Code 27040-

Purpose of Disbursement
Mileage/Meals Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2015

Transaction ID : 50709.E48973

Amount of Each Disbursement this Period

284.50

MILEAGE/MEALS REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Mr. Ryan L. Bonifay

Mailing Address 4464 Timberfield Circle

City Pfafftown State NC Zip Code 27040-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : 50709.E49054

Amount of Each Disbursement this Period

1753.67

PAYROLL

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

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

3791.83

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Carrie A. Brown

Mailing Address 6200 Daybrook Circle Apt 206

City Raleigh State NC Zip Code 27606-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49031

Amount of Each Disbursement this Period

1670.33

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ms. Carrie A. Brown

Mailing Address 6200 Daybrook Circle Apt 206

City Raleigh State NC Zip Code 27606-

Purpose of Disbursement
Mileage/Meals Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 50706.E48904

Amount of Each Disbursement this Period

259.66

MILEAGE/MEALS REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Ms. Carrie A. Brown

Mailing Address 6200 Daybrook Circle Apt 206

City Raleigh State NC Zip Code 27606-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49032

Amount of Each Disbursement this Period

1670.32

PAYROLL

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

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

3600.31

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Cambridge Analytica

Mailing Address 1209 Orange Street

City State Zip Code
Wilmington DE 19801-

Purpose of Disbursement
Microtargeting Consulting Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : 50709.E48981

Amount of Each Disbursement this Period

65000.00

MICROTARGETING CONSULTING FEES

Full Name (Last, First, Middle Initial)

B. Catawba Direct Marketing Solutions

Mailing Address 1215 15th Street Drive NE
PO Box 9001

City State Zip Code
Hickory NC 28603-

Purpose of Disbursement
Donor Direct Mail Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 50706.E48908

Amount of Each Disbursement this Period

2832.98

DONOR DIRECT MAIL EXPENSE

Full Name (Last, First, Middle Initial)

C. Centerplate

Mailing Address Volume Services America
500 South Salisbury Street

City State Zip Code
Raleigh NC 27601-

Purpose of Disbursement
Meals for State Convention

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 50615.E48747

Amount of Each Disbursement this Period

178.48

MEALS FOR STATE CONVENTION

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

68011.46

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Centerplate

Mailing Address Volume Services America
500 South Salisbury Street

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Meals for State Convention

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 50615.E48746

Amount of Each Disbursement this Period

2806.45

MEALS FOR STATE CONVENTION

Full Name (Last, First, Middle Initial)

B. Centerplate

Mailing Address Volume Services America
500 South Salisbury Street

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Meals for State Convention

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 50615.E48760

Amount of Each Disbursement this Period

3874.82

MEALS FOR STATE CONVENTION

Full Name (Last, First, Middle Initial)

C. City East Sound, Inc.

Mailing Address 6205 Lewisand Circle

City Raleigh State NC Zip Code 27615-

Purpose of Disbursement
Sound/Lighting for State Convention

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 50709.E48956

Amount of Each Disbursement this Period

1200.00

SOUND/LIGHTING FOR STATE CONVENTION

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

7881.27

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 Spring Hill Road, Suite 400

City Vienna State VA Zip Code 22182-

Purpose of Disbursement
Donor Direct Mail Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : 50706.E48909

Amount of Each Disbursement this Period

1004.67

DONOR DIRECT MAIL EXPENSE

Full Name (Last, First, Middle Initial)

B. Computer Plumber LLC

Mailing Address 5210 Poplar Tent Road, Suite 20

City Concord State NC Zip Code 28027-

Purpose of Disbursement
Computer Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : 50706.E48925

Amount of Each Disbursement this Period

425.32

COMPUTER SUPPORT

Full Name (Last, First, Middle Initial)

C. Computer Plumber LLC

Mailing Address 5210 Poplar Tent Road, Suite 20

City Concord State NC Zip Code 28027-

Purpose of Disbursement
Computer Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : 50706.E48922

Amount of Each Disbursement this Period

1387.43

COMPUTER SUPPORT

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

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

2817.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Dot the i

Mailing Address Design and Graphics
2825 Glendale Road

City Charlotte State NC Zip Code 28209-

Purpose of Disbursement
Design for Direct Mail

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 50706.E48911

Amount of Each Disbursement this Period

500.00

DESIGN FOR DIRECT MAIL

Full Name (Last, First, Middle Initial)

B. Evault, Inc.

Mailing Address Dept. LA 22257

City Pasadena State CA Zip Code 91185-2257

Purpose of Disbursement
Computer Backup Protection

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50706.E48917

Amount of Each Disbursement this Period

153.44

COMPUTER BACKUP PROTECTION

Full Name (Last, First, Middle Initial)

C. Mr. Gregory M. Fornshell

Mailing Address 2808 Rainford Court

City Raleigh State NC Zip Code 27603-1373

Purpose of Disbursement
Van Rental/Food & See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50706.E48932

Amount of Each Disbursement this Period

732.85

VAN RENTAL/FOOD & SEE BELOW

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

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

1386.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Harris Teeter

Mailing Address 500 Oberlin Road

City Raleigh State NC Zip Code 27605-

Purpose of Disbursement
Food/Drinks for State Convention

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50706.E48930

Amount of Each Disbursement this Period

149.00

[MEMO ITEM]

MEMO: FOOD/DRINKS FOR STATE CONVENTION

Full Name (Last, First, Middle Initial)

B. FedEx Office

Mailing Address 2712 Hillsborough Street

City Raleigh State NC Zip Code 27607-

Purpose of Disbursement
Copies for State Convention

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50706.E48931

Amount of Each Disbursement this Period

471.84

[MEMO ITEM]

MEMO: COPIES FOR STATE CONVENTION

Full Name (Last, First, Middle Initial)

C. Mr. Hasan D. Harnett

Mailing Address 5801 Crimson Oak Court

City Harrisburg State NC Zip Code 28075-

Purpose of Disbursement
Mileage/Meals/Hotel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49001

Amount of Each Disbursement this Period

940.68

MILEAGE/MEALS/HOTEL REIMBURSEMENT

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

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

940.68

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Colleen Hodgman

Mailing Address 1000 City Walk Way Apt 301

City State Zip Code
Charlottesville VA 22902-

Purpose of Disbursement
Decorations/Supplies State Conventi

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : 50706.E48929

Amount of Each Disbursement this Period

435.22

DECORATIONS/SUPPLIES STATE CONVENTI

Full Name (Last, First, Middle Initial)

B. Ms. Colleen Hodgman

Mailing Address 1000 City Walk Way Apt 301

City State Zip Code
Charlottesville VA 22902-

Purpose of Disbursement
Plants & See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 50706.E48934

Amount of Each Disbursement this Period

148.63

PLANTS & SEE BELOW

Full Name (Last, First, Middle Initial)

C. Pc/nametag, Inc.

Mailing Address 124 Horizon Drive

City State Zip Code
Verona WI 53593-

Purpose of Disbursement
Name Tags for State Convention

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 50706.E48933

Amount of Each Disbursement this Period

42.04

[MEMO ITEM]
MEMO: NAME TAGS FOR STATE CONVENTION

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

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

583.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Colleen Hodgman

Mailing Address 1000 City Walk Way Apt 301

City Charlottesville State VA Zip Code 22902-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49035

Amount of Each Disbursement this Period

1145.61

PAYROLL

Full Name (Last, First, Middle Initial)

B. Ms. Colleen Hodgman

Mailing Address 1000 City Walk Way Apt 301

City Charlottesville State VA Zip Code 22902-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49037

Amount of Each Disbursement this Period

3109.51

PAYROLL

Full Name (Last, First, Middle Initial)

C. Ms. Colleen Hodgman

Mailing Address 1000 City Walk Way Apt 301

City Charlottesville State VA Zip Code 22902-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49036

Amount of Each Disbursement this Period

1561.46

PAYROLL

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

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

5816.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. iContact LLC

Mailing Address PO Box 418296

City Boston State MA Zip Code 02241-8296

Purpose of Disbursement
NCGOP Email Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : 50615.E48714

Amount of Each Disbursement this Period

74.00

NCGOP EMAIL SUBSCRIPTION

Full Name (Last, First, Middle Initial)

B. Illuminati Pictures

Mailing Address 4415 Shadetree Court

City Cary State NC Zip Code 27513-

Purpose of Disbursement
Video Production at State Conventio

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : 50706.E48924

Amount of Each Disbursement this Period

4760.00

VIDEO PRODUCTION AT STATE CONVENTIO

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Justice

Mailing Address PO Box 296

City Hampstead State NC Zip Code 28443-0296

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E48943

Amount of Each Disbursement this Period

769.55

MILEAGE REIMBURSEMENT

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

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

5603.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Karl Gombatz & Company

Mailing Address 4809 Westminster Drive

City Raleigh State NC Zip Code 27604-

Purpose of Disbursement
Yard Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : 50615.E48750

Amount of Each Disbursement this Period

150.00

YARD MAINTENANCE

Full Name (Last, First, Middle Initial)

B. Mrs. Karen G. Langham

Mailing Address 4737 Royal Troon Drive

City Raleigh State NC Zip Code 27604-5845

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49038

Amount of Each Disbursement this Period

1693.25

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mrs. Karen G. Langham

Mailing Address 4737 Royal Troon Drive

City Raleigh State NC Zip Code 27604-5845

Purpose of Disbursement
Mileage/Soap/Light Bulbs

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : 50709.E48963

Amount of Each Disbursement this Period

56.53

MILEAGE/SOAP/LIGHT BULBS

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

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

1899.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mrs. Karen G. Langham

Mailing Address 4737 Royal Troon Drive

City Raleigh State NC Zip Code 27604-5845

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49039

Amount of Each Disbursement this Period

1693.23

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Linker

Mailing Address PO Box 17061

City Chapel Hill State NC Zip Code 27516-

Purpose of Disbursement
Sound/Video for State Convention

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 50706.E48923

Amount of Each Disbursement this Period

21920.00

SOUND/VIDEO FOR STATE CONVENTION

Full Name (Last, First, Middle Initial)

C. MailChimp

Mailing Address 512 Means Street

City Atlanta State GA Zip Code 30318-

Purpose of Disbursement
Email Distribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2015

Transaction ID : 50615.E48720

Amount of Each Disbursement this Period

600.00

EMAIL DISTRIBUTION

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

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

24213.23

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Met Life Small Business Center

Mailing Address PO Box 804466

City Kansas City State MO Zip Code 64180-4466

Purpose of Disbursement
Employee Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : 50706.E48905

Amount of Each Disbursement this Period

818.89

EMPLOYEE INSURANCE

Full Name (Last, First, Middle Initial)

B. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement
Postage for Postage Meter

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 50619.E48874

Amount of Each Disbursement this Period

300.00

POSTAGE FOR POSTAGE METER

Full Name (Last, First, Middle Initial)

C. Neopost USA Inc.

Mailing Address 25880 Network Place

City Chicago State IL Zip Code 60673-1258

Purpose of Disbursement
Postage for Postage Meter

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 50706.E48903

Amount of Each Disbursement this Period

600.00

POSTAGE FOR POSTAGE METER

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

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

1718.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. James Piedad

Mailing Address 2520 Fernwood Drive

City Greensboro State NC Zip Code 27408-

Purpose of Disbursement
Photos at State Convention

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50706.E48920

Amount of Each Disbursement this Period

1175.00

PHOTOS AT STATE CONVENTION

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 50709.E49057

Amount of Each Disbursement this Period

35.71

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : 50709.E49058

Amount of Each Disbursement this Period

2.15

ONLINE CREDIT CARD FEES

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

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

1212.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Transaction ID : 50615.E48719

Amount of Each Disbursement this Period

29.00

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Transaction ID : 50615.E48718

Amount of Each Disbursement this Period

29.00

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : 50709.E49059

Amount of Each Disbursement this Period

12.47

ONLINE CREDIT CARD FEES

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

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

70.47

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : 50709.E48978

Amount of Each Disbursement this Period

29.00

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : 50709.E49060

Amount of Each Disbursement this Period

59.15

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2015

Transaction ID : 50709.E49061

Amount of Each Disbursement this Period

307.86

ONLINE CREDIT CARD FEES

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

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

396.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50615.E48743

Amount of Each Disbursement this Period

29.00

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50709.E49062

Amount of Each Disbursement this Period

118.71

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50615.E48744

Amount of Each Disbursement this Period

29.00

ONLINE CREDIT CARD FEES

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

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

176.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2015

Transaction ID : 50709.E49063

Amount of Each Disbursement this Period

1.08

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : 50709.E49064

Amount of Each Disbursement this Period

20.64

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 50709.E49065

Amount of Each Disbursement this Period

0.43

ONLINE CREDIT CARD FEES

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

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

22.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2015

Transaction ID : 50709.E49066

Amount of Each Disbursement this Period

4.30

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : 50709.E49067

Amount of Each Disbursement this Period

1.08

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2015

Transaction ID : 50709.E49068

Amount of Each Disbursement this Period

4.30

ONLINE CREDIT CARD FEES

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

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

9.68

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Piryx, Inc.

Mailing Address 144 Second Street

City San Francisco State CA Zip Code 94105-

Purpose of Disbursement
Online Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : 50709.E49069

Amount of Each Disbursement this Period

6.25

ONLINE CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

B. Mr. Taylor G. Playforth

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Mileage/Meals/Cell Phone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : 50709.E48976

Amount of Each Disbursement this Period

696.17

MILEAGE/MEALS/CELL PHONE

Full Name (Last, First, Middle Initial)

C. Mr. Taylor G. Playforth

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49055

Amount of Each Disbursement this Period

946.46

PAYROLL

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

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

1648.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Taylor G. Playforth

Mailing Address 225 Elm Street

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49056

Amount of Each Disbursement this Period

946.47

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49041

Amount of Each Disbursement this Period

325.66

PAYROLL

Full Name (Last, First, Middle Initial)

C. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49040

Amount of Each Disbursement this Period

2414.86

PAYROLL

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

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

3686.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Mileage/Meals & See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 50709.E48954

Amount of Each Disbursement this Period

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

MILEAGE/MEALS & SEE BELOW

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 50709.E48951

Amount of Each Disbursement this Period

4	3	.	2	6
---	---	---	---	---

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

C. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Mileage Reimbursement & See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : 50709.E48946

Amount of Each Disbursement this Period

5	7	.	7	2
---	---	---	---	---

MILEAGE REIMBURSEMENT & SEE BELOW

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

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

8	8	5	.	2	9
---	---	---	---	---	---

8	8	5	.	2	9
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 111 West Rio Salado Parkway

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E48944

Amount of Each Disbursement this Period

455.20

[MEMO ITEM]
MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E48945

Amount of Each Disbursement this Period

52.52

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

Full Name (Last, First, Middle Initial)

C. Mr. William Todd Poole

Mailing Address 111 Conifer Court

City Advance State NC Zip Code 27006-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49042

Amount of Each Disbursement this Period

2414.87

PAYROLL

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

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

2414.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Mr. Claude Pope, Jr.

Mailing Address PO Box 3285

City State Zip Code
Bald Head Island NC 28461-

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : 50709.E49043

Amount of Each Disbursement this Period

1	9	4	9	4	9	9	4	3	0
---	---	---	---	---	---	---	---	---	---

PAYROLL

Full Name (Last, First, Middle Initial)

B. Mr. Claude Pope, Jr.

Mailing Address PO Box 3285

City State Zip Code
Bald Head Island NC 28461-

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 50706.E48935

Amount of Each Disbursement this Period

4	1	6	9	4	3	0
---	---	---	---	---	---	---

MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Precision Marketing, Inc.

Mailing Address PO Box 7670

City State Zip Code
Arlington VA 22207-0670

Purpose of Disbursement
Direct Mail Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : 50706.E48910

Amount of Each Disbursement this Period

1	9	1	1	8	0
---	---	---	---	---	---

DIRECT MAIL EXPENSE

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

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

4	2	7	8	6	8
---	---	---	---	---	---

4	2	7	8	6	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Raleigh Convention Center

Mailing Address 500 Fayetteville Street Mall

City Raleigh State NC Zip Code 27601-

Purpose of Disbursement
Rooms for State Convention

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50709.E48957

Amount of Each Disbursement this Period

6437.71

ROOMS FOR STATE CONVENTION

Full Name (Last, First, Middle Initial)

B. Relyus

Mailing Address 3469 Black & Decker Road

City Hope Mills State NC Zip Code 28348-

Purpose of Disbursement
Print Convention Brochures/Programs

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50615.E48767

Amount of Each Disbursement this Period

6262.43

PRINT CONVENTION BROCHURES/PROGRAMS

Full Name (Last, First, Middle Initial)

C. Relyus

Mailing Address 3469 Black & Decker Road

City Hope Mills State NC Zip Code 28348-

Purpose of Disbursement
Print State Convention Signs

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : 50706.E48919

Amount of Each Disbursement this Period

3800.00

PRINT STATE CONVENTION SIGNS

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

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

16500.14

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Relyus

Mailing Address 3469 Black & Decker Road

City Hope Mills State NC Zip Code 28348-

Purpose of Disbursement
Print NCGOP Envelopes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : 50706.E48906

Amount of Each Disbursement this Period

451.66

PRINT NCGOP ENVELOPES

Full Name (Last, First, Middle Initial)

B. Relyus

Mailing Address 3469 Black & Decker Road

City Hope Mills State NC Zip Code 28348-

Purpose of Disbursement
Print NCGOP Notecards

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : 50706.E48907

Amount of Each Disbursement this Period

450.00

PRINT NCGOP NOTECARDS

Full Name (Last, First, Middle Initial)

C. Spoken For

Mailing Address 91 Parsonage Road

City Bladenboro State NC Zip Code 28320-

Purpose of Disbursement
Singers for State Convention

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : 50615.E48752

Amount of Each Disbursement this Period

300.00

SINGERS FOR STATE CONVENTION

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

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

1201.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. The State Capitol Fund

Mailing Address 4624 Mail Service Center

City Raleigh State NC Zip Code 27699-

Purpose of Disbursement
Room for TAR Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2015

Transaction ID : 50709.E48955

Amount of Each Disbursement this Period

250.00

ROOM FOR TAR EVENT

Full Name (Last, First, Middle Initial)

B. Time Warner Cable

Mailing Address PO Box 70872

City Charlotte State NC Zip Code 28272-0872

Purpose of Disbursement
Internet Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : 50615.E48753

Amount of Each Disbursement this Period

165.04

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

C. United Airlines, Inc.

Mailing Address 233 South Wacker Drive

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : 50709.E48962

Amount of Each Disbursement this Period

259.70

AIRFARE

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

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

674.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Valic

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

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employee IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49049

Amount of Each Disbursement this Period

832.14

EMPLOYEE IRA CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Valic

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

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employer IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : 50709.E49050

Amount of Each Disbursement this Period

259.81

EMPLOYER IRA CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Valic

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

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employee IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49051

Amount of Each Disbursement this Period

813.33

EMPLOYEE IRA CONTRIBUTION

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

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

1905.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

Full Name (Last, First, Middle Initial)

A. Valic

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

City Dallas State TX Zip Code 75303-1154

Purpose of Disbursement
Employer IRA Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : 50709.E49052

Amount of Each Disbursement this Period

248.53

EMPLOYER IRA CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Wharton Gladden & Company

Mailing Address 7800 Airport Center Drive, Suite 4

City Greensboro State NC Zip Code 27409-

Purpose of Disbursement
Food for NCGOP Event

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : 50706.E48926

Amount of Each Disbursement this Period

570.91

FOOD FOR NCGOP EVENT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

819.44

178855.59

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

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

FOR LINE NUMBER:
(check only one)

<input 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 Party

Full Name (Last, First, Middle Initial)

A. Cheryl Jensen

Mailing Address 737 Finnbar Drive

City Cary State NC Zip Code 27519-

Purpose of Disbursement
Refund of Contribution State Convention

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 50706.E48912

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Vernon Robinson

Mailing Address 2713 Edinburg Drive

City Winston Salem State NC Zip Code 27103-5742

Purpose of Disbursement
Refund of Contribution State Convention

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 50615.E48751

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. David Williams

Mailing Address 1114 Schaub Drive, Apt K

City Raleigh State NC Zip Code 27606-

Purpose of Disbursement
Refund of Contribution Hospitality Suite

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 50615.E48745

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 85
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : LS50709.E49071	
Amount Incurred This Period <input type="text" value="1225.55"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1225.55"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1227.49"/>	Transaction ID : LS50615.E48754	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1227.49"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect LLC	Nature of Debt (Purpose): Telemarketing Donors
Mailing Address 7300 Hudson Boulevard Suite 270	
City State Zip Code Saint Paul MN 55128-	

Outstanding Balance Beginning This Period <input type="text" value="3256.30"/>	Transaction ID : LS50507.E48485	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3256.30"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4481.85"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 85
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Starr Service Company	Nature of Debt (Purpose): Replace Ballasts in Building
Mailing Address 300 Sherwee Drive	
City State Zip Code Raleigh NC 27603-	

Outstanding Balance Beginning This Period 0.00	Transaction ID : LS50709.E49072	
Amount Incurred This Period 1442.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1442.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Relyus	Nature of Debt (Purpose): Print Convention Brochures/Programs
Mailing Address 3469 Black & Decker Road	
City State Zip Code Hope Mills NC 28348-	

Outstanding Balance Beginning This Period 6262.43	Transaction ID : LS50615.E48767	
Amount Incurred This Period 0.00	Payment This Period 6262.43	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1004.67	Transaction ID : LS50706.E48909	
Amount Incurred This Period 0.00	Payment This Period 1004.67	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1442.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) 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 76 OF 85
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Outstanding Balance Beginning This Period 1911.80	Transaction ID : LS50706.E48910	
Amount Incurred This Period 0.00	Payment This Period 1911.80	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Taylor G. Playforth	Nature of Debt (Purpose): Mileage/Meals/Cell Phone
Mailing Address 225 Elm Street	
City State Zip Code Raleigh NC 27601-	

Outstanding Balance Beginning This Period 696.17	Transaction ID : LS50709.E48976	
Amount Incurred This Period 0.00	Payment This Period 696.17	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 2832.98	Transaction ID : LS50706.E48908	
Amount Incurred This Period 0.00	Payment This Period 2832.98	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	5923.85
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5923.85

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
 North Carolina Republican Party

Transaction ID : H110216.J19

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %
 Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

NAME OF ACCOUNT NC Republican Party State Account	DATE OF RECEIPT MM / DD / YYYY 06 / 17 / 2015	TOTAL AMOUNT TRANSFERRED 3513.91
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	3513.91
Transaction ID : H350619.C420474	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)
 North Carolina Republican Party

NAME OF ACCOUNT NC Republican Party State Account	DATE OF RECEIPT MM / DD / YYYY 06 / 30 / 2015	TOTAL AMOUNT TRANSFERRED 5109.79
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	5109.79
Transaction ID : H350709.C420625	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	8623.70
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	8623.70

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) AT&T		Transaction ID : H450615.E48748	Allocated Activity or Event:	
Mailing Address PO Box 105262			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Atlanta State GA Zip Code 30348-5262			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Phone Line for Security System			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type	Allocated Activity or Event Year-To-Date 60853.33	
			Date 06 / 02 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	
23.22			41.29	
		=	TOTAL AMOUNT	
			64.51	

B. Full Name (Last, First, Middle Initial) City of Raleigh		Transaction ID : H450615.E48749	Allocated Activity or Event:	
Mailing Address PO Box 71081			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Charlotte State NC Zip Code 28272-1081			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Utilities			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type	Allocated Activity or Event Year-To-Date 59561.33	
			Date 06 / 02 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	
51.62			91.77	
		=	TOTAL AMOUNT	
			143.39	

C. Full Name (Last, First, Middle Initial) Triad Telecom		Transaction ID : H450615.E48754	Allocated Activity or Event:	
Mailing Address 4016-H Battleground Avenue #356 PO Box 2673			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Greensboro State NC Zip Code 27402-2673			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Telephone Service			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: ADMINISTRATION B 21		Category/ Type	Allocated Activity or Event Year-To-Date 60788.82	
			Date 06 / 02 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	
441.90			785.59	
		=	TOTAL AMOUNT	
			1227.49	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
516.74		918.65		1435.39

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Transaction ID : H450709.E48959 Xerox Corporation		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 26600 Southwest Parkway Avenue		Allocated Activity or Event Year-To-Date 68030.57	
City State Zip Code Wilsonville OR 97070-	Date <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Ink Cartridge for Printer	Category/Type		
Activity or Event Identifier: ADMINISTRATION B 21			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
63.40		112.72	176.12

B. Full Name (Last, First, Middle Initial) Transaction ID : H450709.E49025 ADP Easypay		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 201 Regency Executive Park Drive		Allocated Activity or Event Year-To-Date 63385.69	
City State Zip Code Charlotte NC 28217-3986	Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Payroll Taxes	Category/Type		
Activity or Event Identifier: ADMINISTRATION B 21			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
568.40		1010.48	1578.88

C. Full Name (Last, First, Middle Initial) Transaction ID : H450709.E49026 ADP Easypay		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 201 Regency Executive Park Drive		Allocated Activity or Event Year-To-Date 69473.49	
City State Zip Code Charlotte NC 28217-3986	Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Purpose of Disbursement: Payroll Taxes	Category/Type		
Activity or Event Identifier: ADMINISTRATION B 21			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
519.45		923.47	1442.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1151.25		2046.67		3197.92

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[]	[]	[]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Mr. Gregory M. Fornshell Mailing Address 2808 Rainford Court		Transaction ID : H450709.E49033		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				
Raleigh	NC	27603-1373				
Purpose of Disbursement: Payroll		<input type="text"/>		Allocated Activity or Event Year-To-Date <input type="text"/> 64567.16		
Activity or Event Identifier: ADMINISTRATION B 21		<input type="text"/>		Date <input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2015		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text"/> 425.33			<input type="text"/> 756.14			<input type="text"/> 1181.47

B. Full Name (Last, First, Middle Initial) Mr. Gregory M. Fornshell Mailing Address 2808 Rainford Court		Transaction ID : H450709.E49034		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				
Raleigh	NC	27603-1373				
Purpose of Disbursement: Payroll		<input type="text"/>		Allocated Activity or Event Year-To-Date <input type="text"/> 70654.96		
Activity or Event Identifier: ADMINISTRATION B 21		<input type="text"/>		Date <input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2015		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text"/> 425.33			<input type="text"/> 756.14			<input type="text"/> 1181.47

C. Full Name (Last, First, Middle Initial) Ms. Dana R. Sutis Mailing Address 1721 Magnum Road		Transaction ID : H450709.E49044		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				
Hickory	NC	28602-				
Purpose of Disbursement: Payroll		<input type="text"/>		Allocated Activity or Event Year-To-Date <input type="text"/> 65663.54		
Activity or Event Identifier: ADMINISTRATION B 21		<input type="text"/>		Date <input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2015		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<input type="text"/> 394.70			<input type="text"/> 701.68			<input type="text"/> 1096.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 1245.36		<input type="text"/> 2213.96		<input type="text"/> 3459.32

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Ms. Dana R. Sutis		Transaction ID : H450709.E49045		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1721 Magnum Road				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Hickory NC 28602-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type		Allocated Activity or Event Year-To-Date 66283.26	
Activity or Event Identifier: ADMINISTRATION B 21				Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
223.10				396.62	
		=		TOTAL AMOUNT	
				619.72	

B. Full Name (Last, First, Middle Initial) Ms. Dana R. Sutis		Transaction ID : H450709.E49046		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1721 Magnum Road				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Hickory NC 28602-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type		Allocated Activity or Event Year-To-Date 71751.35	
Activity or Event Identifier: ADMINISTRATION B 21				Date <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
394.70				701.69	
		=		TOTAL AMOUNT	
				1096.39	

C. Full Name (Last, First, Middle Initial) Miss Savannah S. Tedesco		Transaction ID : H450709.E49047		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1020 West Peace Street #V3				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code Raleigh NC 27605-				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type		Allocated Activity or Event Year-To-Date 67297.29	
Activity or Event Identifier: ADMINISTRATION B 21				Date <input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
365.05				648.98	
		=		TOTAL AMOUNT	
				1014.03	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
982.85		1747.29		2730.14

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) **Transaction ID : H450709.E49048**
Miss Savannah S. Tedesco
Mailing Address 1020 West Peace Street #V3
City Raleigh State NC Zip Code 27605-
Purpose of Disbursement: Payroll
Activity or Event Identifier: **ADMINISTRATION B 21**
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 72892.46
Date: 06 / 30 / 2015
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
410.80 + 730.31 = 1141.11

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date: / /
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date: / /
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
410.80		730.31		1141.11

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
4850.83	8623.69	13474.52