

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00038505 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2011 through 07 31 2011

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 H. Kenneth Dickson, Jr. Signature of Treasurer Electronically Filed by H. Kenneth Dickson, Jr. Date 08 19 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The expenditures for Generic Prospects Direct Mail Exp., Generic Donor Direct Mail Expense, and Generic Telemarket. Prospect Donors were solicitations of contributions for party fundraising. None of the expenses were made on behalf of any clearly identified candidate for federal office. The expenditures to Neopost were for postage on the postage meter which is used in the office. The postage for the Business Reply Mail account is the cost of self-addressed stamped envelopes that were mailed with the direct mail and telemarketing solicitations. 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.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
North Carolina Republican Party

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		77832.98
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	106546.00									
(c) Total Receipts (from Line 19)	46392.18	485088.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	152938.18	562921.71								
7. Total Disbursements (from Line 31)	111472.00	521455.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41466.18	41466.18								
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)	33623.97									

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**

Write or Type Committee Name
North Carolina Republican Party

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	29519.25	243229.68
(ii) Unitemized	13578.52	193628.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43097.77	436858.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	13791.13
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43097.77	450649.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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)	1048.50	5077.30
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)	2245.91	29362.23
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	2245.91	29362.23
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46392.18	485088.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44146.27	455726.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	873.40	11418.64
(ii) Non-Federal Share.....	2245.92	29362.23
(b) Other Federal Operating Expenditures.....	108352.68	477814.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	111472.00	518595.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2860.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2860.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	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))..	111472.00	521455.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109226.08	492093.30

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)	43097.77	450649.20
34. Total Contribution Refunds (from Line 28(d))	0.00	2860.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43097.77	447789.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	109226.08	489233.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	1048.50	5077.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	108177.58	484156.00

**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 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.	Full Name (Last, First, Middle Initial) John Allen		Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 7413 Valley Lake Drive		Transaction ID: 10719.C374604
	City Raleigh	State NC	Zip Code 27612
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Glaxo Smith Kline	Occupation Chemist	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00
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B.	Full Name (Last, First, Middle Initial) Joshua Austin		Date of Receipt MM / DD / YYYY 07 / 05 / 2011
	Mailing Address 415 North Randolph Street		Transaction ID: 10815.C375354
	City Rockingham	State NC	Zip Code 28379
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer NC DOC	Occupation Correctional Officer	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Kevin Austin		Date of Receipt MM / DD / YYYY 07 / 29 / 2011
	Mailing Address PO Box 824 1841 Hoots Road		Transaction ID: 10815.C375075
	City Yadkinville	State NC	Zip Code 27055
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Austin Enclosures	Occupation Manager	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	430.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 59
(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) Josephine Barbour		Date of Receipt MM / DD / YYYY 07 / 01 / 2011
Mailing Address PO Box 14		Transaction ID: 10708.C374434
City Hillsborough	State NC	Zip Code 27278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) David Bryan		Date of Receipt MM / DD / YYYY 07 / 20 / 2011
Mailing Address 156 Ellerslie Drive		Transaction ID: 10815.C374716
City Fayetteville	State NC	Zip Code 28303-5917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bryan Pontiac	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Philip Byers		Date of Receipt MM / DD / YYYY 07 / 01 / 2011
Mailing Address 243 McCall Drive		Transaction ID: 10708.C374430
City Forest City	State NC	Zip Code 28043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Thomas Jefferson Fund	Occupation Executive Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	1040.00
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 9 / 59
	<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) Robert Calton		Date of Receipt
	Mailing Address 2128 Sherwood Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2011
	City	State	Zip Code
	Charlotte	NC	28207
	FEC ID number of contributing federal political committee. C		Transaction ID: 10718.C374477
Name of Employer Summit Park Partners		Occupation Investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Receipt

B.	Full Name (Last, First, Middle Initial) James Carroll		Date of Receipt
	Mailing Address 108 Blue Granite Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2011
	City	State	Zip Code
	Chapel Hill	NC	27514
	FEC ID number of contributing federal political committee. C		Transaction ID: 10718.C374549
Name of Employer General Electric		Occupation Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Receipt

C.	Full Name (Last, First, Middle Initial) Carolyn Cline		Date of Receipt
	Mailing Address 8821 Cypress Lakes Drive Unit 308		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 12 / 2011
	City	State	Zip Code
	Raleigh	NC	27615-2136
	FEC ID number of contributing federal political committee. C		Transaction ID: 10718.C374486
Name of Employer Self		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 59
	<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) William Cobey	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address 203 Oval Park Place	Transaction ID: 10708.C374404
	City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00	

B.	Full Name (Last, First, Middle Initial) Travis Davenport	Date of Receipt MM / DD / YYYY 07 / 15 / 2011
	Mailing Address 2800 Carrington Road	Transaction ID: 10718.C374555
	City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Carson Daves	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address 1828 Lombardy Circle	Transaction ID: 10708.C374432
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 59

(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)
Charles Douthit

Mailing Address 1200 Trillium Circle

City State Zip Code
Raleigh NC 27606-8109

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2011

Transaction ID: 10708.C374416

Amount of Each Receipt this Period

35.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Patricia Duke

Mailing Address 425 West Longmeadow Road

City State Zip Code
Greenville NC 27858

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2011

Transaction ID: 10815.C374646

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Rhonda Edwards

Mailing Address 2643-A Wendell Road

City State Zip Code
Wendell NC 27591

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 ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2011

Transaction ID: 10815.C374727

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1085.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial)
Dan Eichenbaum

Mailing Address PO Box 39

City State Zip Code
Murphy NC 28906

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2011

Transaction ID: 10718.C374511

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 1611 Maryland Avenue

City State Zip Code
Charlotte NC 28209-1531

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

Name of Employer Self Occupation Corporate Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2011

Transaction ID: 10815.C374765

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 100 North Tryon Street Suite 2900

City State Zip Code
Charlotte NC 28202

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

Name of Employer McGuire Woods Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2011

Transaction ID: 10708.C374406

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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 / 59
(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)
Bettie Fennell

Mailing Address 800 Little Kelly Road

City State Zip Code
Rocky Point NC 28457

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

Name of Employer Retired Occupation Journalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.31

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2011

Transaction ID: 10718.C374474

Amount of Each Receipt this Period
30.33

Receipt

B.

Full Name (Last, First, Middle Initial)
John Ford

Mailing Address 1202 Lakewood Drive

City State Zip Code
Greensboro NC 27410-4440

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID: 10719.C374581

Amount of Each Receipt this Period
300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
John Fox

Mailing Address 1230 Sound Shore Drive

City State Zip Code
Edenton NC 27932-8916

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2011

Transaction ID: 10815.C375074

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **830.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 59
(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)
Curtis Jackson

Mailing Address PO Box 148

City State Zip Code
Goldsboro NC 27533-0148

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

Name of Employer Occupation
Jackson Builders, Inc. Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID: 10718.C374560

Amount of Each Receipt this Period
250.00

Receipt

B.

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

Mailing Address 3 Riverside Court
PO Box 5244

City State Zip Code
Pinehurst NC 28374-8879

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

Name of Employer Occupation
Blue-J Design & Development Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2011

Transaction ID: 10815.C374773

Amount of Each Receipt this Period
50.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Martha Jenkins

Mailing Address 3615 Moonlight Drive

City State Zip Code
Chapel Hill NC 27516-5595

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

Name of Employer Occupation
Dish Doctor Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2011

Transaction ID: 10708.C374435

Amount of Each Receipt this Period
31.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **331.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 59
	<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) Michael Kahn	Date of Receipt MM / DD / YYYY 07 / 12 / 2011
	Mailing Address 13833 Carowinds Boulevard	Transaction ID: 10718.C374508
	City State Zip Code Charlotte NC 28273	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Empire Distributors COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) James Langdon	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address 10176 NC 50 Highway North	Transaction ID: 10708.C374436
	City State Zip Code Angier NC 27501-8139	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C.	Full Name (Last, First, Middle Initial) Michael McKnight	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address 5109 Carter Street PO Box 30803	Transaction ID: 10708.C374422
	City State Zip Code Raleigh NC 27612	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Ogletree Deakins Law Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	5045.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 59
(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)
Jack Moncrief

Mailing Address 364 Stonebridge Lane

City State Zip Code
Todd NC 28684-9103

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 ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 10718.C374520

Amount of Each Receipt this Period
10.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Dave Phillips

Mailing Address Market Square Tower
317 West High Street

City State Zip Code
High Point NC 27260

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

Name of Employer Phillips Industries Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2011

Transaction ID: 10708.C374455

Amount of Each Receipt this Period
5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Richard Speer

Mailing Address 5886 Kerr Place

City State Zip Code
Fayetteville NC 28314-1391

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

Name of Employer Progress Energy Occupation Nuclear Security Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2011

Transaction ID: 10815.C374659

Amount of Each Receipt this Period
125.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5135.00**

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 / 59
	<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) Paul Stam	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address PO Box 1600 714 Hunter Street	Transaction ID: 10708.C374437
	City Apex State NC Zip Code 27502-1326	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Stam, Fordham & Dinchi, PA Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.94	

B.	Full Name (Last, First, Middle Initial) Ann Sullivan	Date of Receipt MM / DD / YYYY 07 / 05 / 2011
	Mailing Address 103 Widwood Drive	Transaction ID: 10708.C374441
	City Goldsboro State NC Zip Code 27530	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Stella Thurston	Date of Receipt MM / DD / YYYY 07 / 19 / 2011
	Mailing Address 473 Hempstead Place	Transaction ID: 10815.C374680
	City Charlotte State NC Zip Code 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.42
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 / 59
	<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.	Full Name (Last, First, Middle Initial) Kenneth Tucker	Date of Receipt MM / DD / YYYY 07 / 25 / 2011
	Mailing Address PO Box 1169	Transaction ID: 10815.C374777
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Denver Construction President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Olaf Von Ramm	Date of Receipt MM / DD / YYYY 07 / 27 / 2011
	Mailing Address 4718 Harmony Church Road	Transaction ID: 10815.C374813
	City State Zip Code Efland NC 27243-9383	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Duke University Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Kenneth Waldo	Date of Receipt MM / DD / YYYY 07 / 15 / 2011
	Mailing Address 1000 Deerfield Road	Transaction ID: 10718.C374562
	City State Zip Code Raleigh NC 27609-5429	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	2900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 19 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial)
Van Weatherspoon

Mailing Address 135 Perrin Place

City State Zip Code
Charlotte NC 28207

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 / D D / Y Y Y Y Y
07 / 01 / 2011

Transaction ID: 10708.C374403

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 4018 Quartergate Drive

City State Zip Code
High Point NC 27265

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

Name of Employer VF Corporation Occupation Director of Business Developme

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2011

Transaction ID: 10718.C374475

Amount of Each Receipt this Period
30.00

Receipt

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

Mailing Address 1509 Barley Place

City State Zip Code
Raleigh NC 27615

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

Name of Employer Rooftop Systems Occupation Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID: 10719.C374605

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1080.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 59
(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)
Dorothy Williford

Mailing Address 12640 US Highway 64
PO Box 248

City State Zip Code
Williamston NC 27892

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 ▼ 297.50

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2011

Transaction ID: 10708.C374428

Amount of Each Receipt this Period
12.50

Receipt

B.

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

Mailing Address 15511 Britley Ridge Drive

City State Zip Code
Huntersville NC 28078

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

Name of Employer Self Occupation Political Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2011

Transaction ID: 10708.C374429

Amount of Each Receipt this Period
25.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Ogburn Yates

Mailing Address 2172 Stone Bridge Road

City State Zip Code
Asheboro NC 27205-6303

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2011

Transaction ID: 10718.C374552

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	137.50
TOTAL This Period (last page this line number only)	▶	29519.25

**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 / 59
	<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.	Full Name (Last, First, Middle Initial) Mr. Thomas H. Fetzer, Jr.	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address 1609 Dijon Place	Transaction ID: 10708.C374390
	City State Zip Code Wilmington NC 28405-	Amount of Each Receipt this Period 369.34
	FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure
	Name of Employer Occupation Fetzer Strategic Partners Owner	Note: Health Insurance Reimburse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2216.04	

B.	Full Name (Last, First, Middle Initial) Tami Fitzgerald	Date of Receipt MM / DD / YYYY 07 / 19 / 2011
	Mailing Address 109 Carpathian Way	Transaction ID: 10815.C374692
	City State Zip Code Raleigh NC 27615-1612	Amount of Each Receipt this Period 339.58
	FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure
	Name of Employer Occupation Self Consultant	NOTE: Health Insurance Reimburse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2037.48	

C.	Full Name (Last, First, Middle Initial) Mr. Russell Peck	Date of Receipt MM / DD / YYYY 07 / 01 / 2011
	Mailing Address 1330 Dylan Heath Court	Transaction ID: 10708.C374391
	City State Zip Code Raleigh NC 27608-	Amount of Each Receipt this Period 339.58
	FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure
	Name of Employer Occupation Americas Natural Gas Alliance Director of External Affairs	Note: Health Insurance Reimburse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.58	

SUBTOTAL of Receipts This Page (optional)	1048.50
TOTAL This Period (last page this line number only)	1048.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 59

<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

<p>A. Full Name (Last, First, Middle Initial) A Professional Conference Call</p> <p>Mailing Address PO Box 2939</p> <p>City Southampton State NY Zip Code 11969-</p> <p>Purpose of Disbursement Central Committee Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10718.E32738 Date of Disbursement 07 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 54.17</p> <p>CATEGORY/TYPE CENTRAL COMMITTEE MEETING</p>
<p>B. Full Name (Last, First, Middle Initial) Accident Fund</p> <p>Mailing Address PO Box 77000, Dept. 77125</p> <p>City Detroit State MI Zip Code 48277-0125</p> <p>Purpose of Disbursement Workers Comp Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32835 Date of Disbursement 07 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 428.75</p> <p>CATEGORY/TYPE WORKERS COMP INSURANCE</p>
<p>C. Full Name (Last, First, Middle Initial) ADP Easy pay</p> <p>Mailing Address 201 Regency Executive Park Drive</p> <p>City Charlotte State NC Zip Code 28217-3986</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32902 Date of Disbursement 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3941.94</p> <p>CATEGORY/TYPE PAYROLL TAXES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4424.86

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

A. Full Name (Last, First, Middle Initial) ADP Easypay <hr/> Mailing Address 201 Regency Executive Park Drive <hr/> City Charlotte State NC Zip Code 28217-3986 <hr/> Purpose of Disbursement Payroll Professional Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32904 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 94.87 <hr/> Category/ Type PAYROLL PROFESSIONAL FEE

B. Full Name (Last, First, Middle Initial) ADP Easypay <hr/> Mailing Address 201 Regency Executive Park Drive <hr/> City Charlotte State NC Zip Code 28217-3986 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32903 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 4042.61 <hr/> Category/ Type PAYROLL TAXES

C. Full Name (Last, First, Middle Initial) ADP Easypay <hr/> Mailing Address 201 Regency Executive Park Drive <hr/> City Charlotte State NC Zip Code 28217-3986 <hr/> Purpose of Disbursement Payroll Professional Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32937 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 67.90 <hr/> Category/ Type PAYROLL PROFESSIONAL FEE

SUBTOTAL of Disbursements This Page (optional) ▶	4205.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) ADP Easypay Mailing Address 201 Regency Executive Park Drive City Charlotte State NC Zip Code 28217-3986 Purpose of Disbursement Payroll Professional Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32905 Date of Disbursement 07 / 29 / 2011
	Amount of Each Disbursement this Period 84.67 PAYROLL PROFESSIONAL FEE

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement American Express Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32896 Date of Disbursement 07 / 31 / 2011
	Amount of Each Disbursement this Period 148.88 AMERICAN EXPRESS CREDIT CARD FEES

C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 1091 City Charlotte State NC Zip Code 28201-1091 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32900 Date of Disbursement 07 / 15 / 2011
	Amount of Each Disbursement this Period 217.89 SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) ▶	451.44
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 59

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 1091 City Charlotte State NC Zip Code 28201-1091 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32901 Date of Disbursement 07 / 29 / 2011
	Amount of Each Disbursement this Period 14.00 SERVICE CHARGE

B. Full Name (Last, First, Middle Initial) Miss Jennifer L. Behr Mailing Address 4825 Black Mountain Path City Raleigh State NC Zip Code 27612- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32906 Date of Disbursement 07 / 15 / 2011
	Amount of Each Disbursement this Period 1542.66 PAYROLL

C. Full Name (Last, First, Middle Initial) Miss Jennifer L. Behr Mailing Address 4825 Black Mountain Path City Raleigh State NC Zip Code 27612- Purpose of Disbursement Convention Photos & See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32921 Date of Disbursement 07 / 29 / 2011
	Amount of Each Disbursement this Period 55.58 CONVENTION PHOTOS & SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	1612.24
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

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266- Purpose of Disbursement Cell Phone Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32920 Date of Disbursement 07 / 29 / 2011
	Amount of Each Disbursement this Period 20.47 [MEMO ITEM] MEMO: CELL PHONE CHARGES

B. Full Name (Last, First, Middle Initial) Miss Jennifer L. Behr Mailing Address 4825 Black Mountain Path City Raleigh State NC Zip Code 27612- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32907 Date of Disbursement 07 / 29 / 2011
	Amount of Each Disbursement this Period 1542.66 PAYROLL

C. Full Name (Last, First, Middle Initial) Best Payment Solutions Mailing Address 2525 Horizon Lake Drive, Suite #12 City Memphis State TN Zip Code 38133- Purpose of Disbursement Visa/MC Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32898 Date of Disbursement 07 / 07 / 2011
	Amount of Each Disbursement this Period 262.36 VISA/MC CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional) ▶	1805.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Best Payment Solutions Mailing Address 2525 Horizon Lake Drive, Suite #12 City Memphis State TN Zip Code 38133- Purpose of Disbursement Credit Card Terminal Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32936 Date of Disbursement 07 / 07 / 2011
	Amount of Each Disbursement this Period 5.00 CREDIT CARD TERMINAL FEE

B. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of NC Mailing Address PO Box 580017 City Charlotte State NC Zip Code 28258-0017 Purpose of Disbursement Employee Medical Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32847 Date of Disbursement 07 / 13 / 2011
	Amount of Each Disbursement this Period 3040.16 EMPLOYEE MEDICAL INSURANCE

C. Full Name (Last, First, Middle Initial) Mr. Mark Braden Mailing Address 1009 Wade Avenue, Apt. 244 City Raleigh State NC Zip Code 27605- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32908 Date of Disbursement 07 / 15 / 2011
	Amount of Each Disbursement this Period 2199.70 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	5244.86
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

<p>A. Full Name (Last, First, Middle Initial) Mr. Mark Braden</p> <p>Mailing Address 1009 Wade Avenue, Apt. 244</p> <p>City Raleigh State NC Zip Code 27605-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32909 Date of Disbursement 07 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 2199.70</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Hayley Burrus</p> <p>Mailing Address 1400-01 Varsity Drive</p> <p>City Raleigh State NC Zip Code 27606-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32910 Date of Disbursement 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 79.25</p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Hayley Burrus</p> <p>Mailing Address 1400-01 Varsity Drive</p> <p>City Raleigh State NC Zip Code 27606-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32911 Date of Disbursement 07 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 66.88</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional)	2345.83
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

<p>A. Full Name (Last, First, Middle Initial) Campaign Solutions-Edonation</p> <p>Mailing Address 117 North Saint Asaph Street</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement Online Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32899 Date of Disbursement: 07 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 29.75</p> <p>ONLINE CREDIT CARD FEES</p>
<p>B. Full Name (Last, First, Middle Initial) Campaign Solutions-Edonation</p> <p>Mailing Address 117 North Saint Asaph Street</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement Internet Hosting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10816.E32938 Date of Disbursement: 07 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>INTERNET HOSTING FEE</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Kimberly Canady</p> <p>Mailing Address 99 Glenn Farm Lane</p> <p>City Wendell State NC Zip Code 27591-</p> <p>Purpose of Disbursement Cell Phone Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32844 Date of Disbursement: 07 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 35.84</p> <p>CELL PHONE REIMBURSEMENT</p>

SUBTOTAL of Disbursements This Page (optional)	315.59
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Ms. Kimberly Canady Mailing Address 99 Glenn Farm Lane City Wendell State NC Zip Code 27591- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32912 Date of Disbursement 07 / 15 / 2011
	Amount of Each Disbursement this Period 979.83 PAYROLL

B. Full Name (Last, First, Middle Initial) Ms. Kimberly Canady Mailing Address 99 Glenn Farm Lane City Wendell State NC Zip Code 27591- Purpose of Disbursement Travel/Meals Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32862 Date of Disbursement 07 / 20 / 2011
	Amount of Each Disbursement this Period 348.23 TRAVEL/MEALS REIMBURSEMENT

C. Full Name (Last, First, Middle Initial) Ms. Kimberly Canady Mailing Address 99 Glenn Farm Lane City Wendell State NC Zip Code 27591- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32913 Date of Disbursement 07 / 29 / 2011
	Amount of Each Disbursement this Period 979.84 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2307.90
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.	Full Name (Last, First, Middle Initial) Mrs. Joyce J. Cotten	Transaction ID: 10815.E32870 Date of Disbursement 07 / 29 / 2011
	Mailing Address 1221 North Pea Ridge Road	Amount of Each Disbursement this Period 351.90
	City Pittsboro State NC Zip Code 27312-7477	
	Purpose of Disbursement Travel Expense Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE REIMBURSEMENT
	State: District:	

B.	Full Name (Last, First, Middle Initial) Curtis Media Group	Transaction ID: 10815.E32922 Date of Disbursement 07 / 06 / 2011
	Mailing Address 3012 Highwoods Blvd., Suite 201	Amount of Each Disbursement this Period 2000.00
	City Raleigh State NC Zip Code 27604-	
	Purpose of Disbursement Booth for Hispanic Festival	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOTH FOR HISPANIC FESTIVAL
	State: District:	

C.	Full Name (Last, First, Middle Initial) Datasages Consulting Group	Transaction ID: 10815.E32860 Date of Disbursement 07 / 13 / 2011
	Mailing Address 4441 Six Forks Road, Suite 106-265	Amount of Each Disbursement this Period 1552.50
	City Raleigh State NC Zip Code 27609-5729	
	Purpose of Disbursement Computer Support	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER SUPPORT
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3904.40
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

<p>A. Full Name (Last, First, Middle Initial) Datasages Consulting Group</p> <p>Mailing Address 4441 Six Forks Road, Suite 106-265</p> <p>City Raleigh State NC Zip Code 27609-5729</p> <p>Purpose of Disbursement Computer Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32861</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.69"/></p> <p>COMPUTER SUPPORT</p>
<p>B. Full Name (Last, First, Middle Initial) Digifonics, Inc.</p> <p>Mailing Address 1632 Pricewood</p> <p>City Apex State NC Zip Code 27502-</p> <p>Purpose of Disbursement TV Production-Broken Promises</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10718.E32743</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2750.00"/></p> <p>TV PRODUCTION-BROKEN PROMISES</p>
<p>C. Full Name (Last, First, Middle Initial) Direct Mail Systems</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 34622-</p> <p>Purpose of Disbursement Generic Prospects Direct Mail Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32850</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5220.00"/></p> <p>GENERIC PROSPECTS DIRECT MAIL EXP.</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8119.69"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

<p>A. Full Name (Last, First, Middle Initial) Direct Mail Systems</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 34622-</p> <p>Purpose of Disbursement Generic Donor Direct Mail Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32855 Date of Disbursement 07 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 6406.36</p> <p>Category/Type GENERIC DONOR DIRECT MAIL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) FedEx Office</p> <p>Mailing Address PO Box 672085</p> <p>City Dallas State TX Zip Code 75267-2085</p> <p>Purpose of Disbursement Print County Chairmen Manuals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32859 Date of Disbursement 07 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 642.11</p> <p>Category/Type PRINT COUNTY CHAIRMEN MANUALS</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Robert C. Robin Hayes</p> <p>Mailing Address PO Box 954</p> <p>City Concord State NC Zip Code 28026-</p> <p>Purpose of Disbursement Travel/Meals & See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32931 Date of Disbursement 07 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 3124.94</p> <p>Category/Type TRAVEL/MEALS & SEE BELOW</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10173.41

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

A. Full Name (Last, First, Middle Initial) Holiday Inn-Brownstone Mailing Address 1707 Hillsborough Street City Raleigh State NC Zip Code 27605- Purpose of Disbursement Hotel Room Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32923 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2011
	Amount of Each Disbursement this Period 204.76 [MEMO ITEM] MEMO: HOTEL ROOM	

B. Full Name (Last, First, Middle Initial) Hilton Wilmington Riverside Mailing Address 301 North Water Street City Wilmington State NC Zip Code 28401- Purpose of Disbursement Hotel Room Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32924 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2011
	Amount of Each Disbursement this Period 338.58 [MEMO ITEM] MEMO: HOTEL ROOM	

C. Full Name (Last, First, Middle Initial) The Ritz-Carlton Mailing Address 0130 Daybreak Ridge City Avon State CO Zip Code 81620- Purpose of Disbursement Hotel Room Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10815.E32926 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2011
	Amount of Each Disbursement this Period 725.74 [MEMO ITEM] MEMO: HOTEL ROOM	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
Cell Phone Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10815.E32927
Date of Disbursement

07 / 13 / 2011

Amount of Each Disbursement this Period

161.32

[MEMO ITEM]
MEMO: CELL PHONE CHARGES

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 West Rio Salado Parkway

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10815.E32928
Date of Disbursement

07 / 13 / 2011

Amount of Each Disbursement this Period

847.90

[MEMO ITEM]
MEMO: TRAVEL

C.

Full Name (Last, First, Middle Initial)
Air Wilmington Inc.

Mailing Address PO Box 1930

City Wilmington State NC Zip Code 28402-

Purpose of Disbursement
Fuel for Aircraft-Travel to Raleigh

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10815.E32930
Date of Disbursement

07 / 13 / 2011

Amount of Each Disbursement this Period

275.21

[MEMO ITEM]
MEMO: FUEL FOR AIRCRAFT-T-
RAVEL TO RALEIGH

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

A.	Full Name (Last, First, Middle Initial) Mr. Robert C. Robin Hayes	Transaction ID: 10815.E32935 Date of Disbursement 07 / 27 / 2011
	Mailing Address PO Box 954	Amount of Each Disbursement this Period 1437.03
	City Concord State NC Zip Code 28026-	
	Purpose of Disbursement Travel/Meals & See Below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TRAVEL/MEALS & SEE BELOW

B.	Full Name (Last, First, Middle Initial) Holiday Inn-Brownstone	Transaction ID: 10815.E32932 Date of Disbursement 07 / 27 / 2011
	Mailing Address 1707 Hillsborough Street	Amount of Each Disbursement this Period 275.00
	City Raleigh State NC Zip Code 27605-	
	Purpose of Disbursement Hotel Room	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: HOTEL ROOM

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 10815.E32934 Date of Disbursement 07 / 27 / 2011
	Mailing Address PO Box 660108	Amount of Each Disbursement this Period 149.99
	City Dallas State TX Zip Code 75266-	
	Purpose of Disbursement Cell Phones Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: CELL PHONES CHARGES

SUBTOTAL of Disbursements This Page (optional)	▶	1437.03
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

<p>A. Full Name (Last, First, Middle Initial) Hilton Wilmington Riverside</p> <p>Mailing Address 301 North Water Street</p> <p>City Wilmington State NC Zip Code 28401-</p> <p>Purpose of Disbursement Rooms for State Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32839 Date of Disbursement 07 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 48381.56</p> <p>ROOMS FOR STATE CONVENTION</p>
<p>B. Full Name (Last, First, Middle Initial) I365 Inc.</p> <p>Mailing Address 15422 Collections Center Drive</p> <p>City Chicago State IL Zip Code 60693-</p> <p>Purpose of Disbursement Computer Back Up Protection</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10708.E32631 Date of Disbursement 07 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 162.66</p> <p>COMPUTER BACK UP PROTECTI- ON</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Joseph Wayne King, II</p> <p>Mailing Address PO Box 944</p> <p>City Kings Mountain State NC Zip Code 28086-</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10815.E32865 Date of Disbursement 07 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 309.08</p> <p>TRAVEL REIMBURSEMENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

48853.30

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

A.	Full Name (Last, First, Middle Initial) Mr. Joseph Wayne King, II	Transaction ID: 10815.E32864
	Mailing Address PO Box 944	Date of Disbursement 07 / 20 / 2011
	City Kings Mountain State NC Zip Code 28086-	Amount of Each Disbursement this Period 777.63
	Purpose of Disbursement Travel/Hotel Reimbursement	TRAVEL/HOTEL REIMBURSEMENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Joseph Wayne King, II	Transaction ID: 10815.E32867
	Mailing Address PO Box 944	Date of Disbursement 07 / 27 / 2011
	City Kings Mountain State NC Zip Code 28086-	Amount of Each Disbursement this Period 219.81
	Purpose of Disbursement Travel Reimbursement	TRAVEL REIMBURSEMENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Karen G. Langham	Transaction ID: 10815.E32914
	Mailing Address 4737 Royal Troon Drive	Date of Disbursement 07 / 15 / 2011
	City Raleigh State NC Zip Code 27604-5845	Amount of Each Disbursement this Period 1202.33
	Purpose of Disbursement Payroll	PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **2199.77**

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

A.	Full Name (Last, First, Middle Initial) Mrs. Karen G. Langham	Transaction ID: 10815.E32866 Date of Disbursement 07 / 27 / 2011
	Mailing Address 4737 Royal Troon Drive	
	City Raleigh State NC Zip Code 27604-5845	Amount of Each Disbursement this Period 53.13
	Purpose of Disbursement Travel Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TRAVEL REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Mrs. Karen G. Langham	Transaction ID: 10815.E32915 Date of Disbursement 07 / 29 / 2011
	Mailing Address 4737 Royal Troon Drive	
	City Raleigh State NC Zip Code 27604-5845	Amount of Each Disbursement this Period 1686.87
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Ms. Laura E. McGee	Transaction ID: 10815.E32918 Date of Disbursement 07 / 15 / 2011
	Mailing Address 1009 Wade Avenue #310	
	City Raleigh State NC Zip Code 27605-	Amount of Each Disbursement this Period 993.90
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	2733.90
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.	Full Name (Last, First, Middle Initial) Ms. Laura E. McGee	Transaction ID: 10815.E32919 Date of Disbursement 07 / 29 / 2011
	Mailing Address 1009 Wade Avenue #310	Amount of Each Disbursement this Period 1191.33
	City Raleigh State NC Zip Code 27605-	
	Purpose of Disbursement Payroll	Category/Type PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Met Life Small Business Center	Transaction ID: 10815.E32857 Date of Disbursement 07 / 27 / 2011
	Mailing Address PO Box 804466	Amount of Each Disbursement this Period 438.55
	City Kansas City State MO Zip Code 64180-4466	
	Purpose of Disbursement Employee Insurance	Category/Type EMPLOYEE INSURANCE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moore Exposure, LLC	Transaction ID: 10815.E32845 Date of Disbursement 07 / 13 / 2011
	Mailing Address 215 Williams Street	Amount of Each Disbursement this Period 565.34
	City Fayetteville State NC Zip Code 28301-	
	Purpose of Disbursement Print Business/Note Cards	Category/Type PRINT BUSINESS/NOTE CARDS
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2195.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.	Full Name (Last, First, Middle Initial) Moore Exposure, LLC	Transaction ID: 10815.E32846 Date of Disbursement 07 / 13 / 2011
	Mailing Address 215 Williams Street	Amount of Each Disbursement this Period 76.43
	City Fayetteville State NC Zip Code 28301-	
	Purpose of Disbursement Print Business Cards	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINT BUSINESS CARDS

B.	Full Name (Last, First, Middle Initial) Neopost Inc.	Transaction ID: 10718.E32731 Date of Disbursement 07 / 14 / 2011
	Mailing Address PO Box 45800	Amount of Each Disbursement this Period 500.00
	City San Francisco State CA Zip Code 94145-0800	
	Purpose of Disbursement Postage for Postage Meter	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE FOR POSTAGE METER

C.	Full Name (Last, First, Middle Initial) Neopost Inc.	Transaction ID: 10815.E32868 Date of Disbursement 07 / 20 / 2011
	Mailing Address PO Box 45800	Amount of Each Disbursement this Period 200.00
	City San Francisco State CA Zip Code 94145-0800	
	Purpose of Disbursement Postage for Postage Meter	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE FOR POSTAGE METER

SUBTOTAL of Disbursements This Page (optional)	776.43
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.	Full Name (Last, First, Middle Initial) Mrs. Wanda T. Shivers	Transaction ID: 10815.E32916 Date of Disbursement 07 / 15 / 2011
	Mailing Address 4204 Stratford Drive	Amount of Each Disbursement this Period 1041.77
	City Wilson State NC Zip Code 27896-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Mrs. Wanda T. Shivers	Transaction ID: 10815.E32917 Date of Disbursement 07 / 29 / 2011
	Mailing Address 4204 Stratford Drive	Amount of Each Disbursement this Period 1041.78
	City Wilson State NC Zip Code 27896-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Strategic Fundraising	Transaction ID: 10708.E32632 Date of Disbursement 07 / 06 / 2011
	Mailing Address 2625 Momentum Place	Amount of Each Disbursement this Period 180.00
	City Chicago State IL Zip Code 60689-	
	Purpose of Disbursement Generic Telemarket. Prospect Donors Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		GENERIC TELEMARKE. PROSP-ECT DONORS

SUBTOTAL of Disbursements This Page (optional)	▶	2263.55
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

A. Strategic Fundraising	Full Name (Last, First, Middle Initial)	Transaction ID: 10815.E32831																					
	Mailing Address 2625 Momentum Place	Date of Disbursement																					
	City Chicago State IL Zip Code 60689-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	1	1														
	Purpose of Disbursement Generic Telemarket. Prospect Donors	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>		120.00																			
120.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					
		GENERIC TELEMARKET. PROSPECT DONORS																					

B. Strategic Fundraising	Full Name (Last, First, Middle Initial)	Transaction ID: 10815.E32841																					
	Mailing Address 2625 Momentum Place	Date of Disbursement																					
	City Chicago State IL Zip Code 60689-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	0		2	0	1	1														
	Purpose of Disbursement Generic Telemarket. Prospect Donors	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>		50.00																			
50.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					
		GENERIC TELEMARKET. PROSPECT DONORS																					

C. Strategic Fundraising	Full Name (Last, First, Middle Initial)	Transaction ID: 10815.E32858																					
	Mailing Address 2625 Momentum Place	Date of Disbursement																					
	City Chicago State IL Zip Code 60689-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	7		2	0	1	1														
	Purpose of Disbursement Generic Telemarket. Prospect Donors	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					
		GENERIC TELEMARKET. PROSPECT DONORS																					

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"><tr><td>270.00</td></tr></table>	270.00
270.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Transaction ID: 10815.E32851
Date of Disbursement

Mailing Address Capitol Station
311 New Bern Avenue

/ /

City Raleigh State NC Zip Code 27601-

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage for Business Reply Mail

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

POSTAGE FOR BUSINESS REPLY MAIL

State: District:

B.

Full Name (Last, First, Middle Initial)
Valic

Transaction ID: 10815.E32833
Date of Disbursement

Mailing Address c/o Chase Bank of Texas
PO Box 201700

/ /

City Houston State TX Zip Code 77216-

Amount of Each Disbursement this Period

Purpose of Disbursement
Employer IRA Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EMPLOYER IRA CONTRIBUTION

State: District:

C.

Full Name (Last, First, Middle Initial)
Valic

Transaction ID: 10815.E32832
Date of Disbursement

Mailing Address c/o Chase Bank of Texas
PO Box 201700

/ /

City Houston State TX Zip Code 77216-

Amount of Each Disbursement this Period

Purpose of Disbursement
Employee IRA Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EMPLOYEE IRA CONTRIBUTION

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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.	Full Name (Last, First, Middle Initial) Valic	Transaction ID: 10815.E32852 Date of Disbursement 07 / 28 / 2011
	Mailing Address c/o Chase Bank of Texas PO Box 201700	Amount of Each Disbursement this Period 126.34
	City Houston State TX Zip Code 77216-	
	Purpose of Disbursement Employer IRA Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMPLOYER IRA CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Valic	Transaction ID: 10815.E32853 Date of Disbursement 07 / 29 / 2011
	Mailing Address c/o Chase Bank of Texas PO Box 201700	Amount of Each Disbursement this Period 465.57
	City Houston State TX Zip Code 77216-	
	Purpose of Disbursement Employee IRA Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMPLOYEE IRA CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Xerox FreeColorPrinters	Transaction ID: 10815.E32840 Date of Disbursement 07 / 20 / 2011
	Mailing Address 26600 Southwest Parkway	Amount of Each Disbursement this Period 907.23
	City Wilsonville State OR Zip Code 97070-	
	Purpose of Disbursement Ink Cartridges for Printer Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		INK CARTRIDGES FOR PRINTER

SUBTOTAL of Disbursements This Page (optional)	▶	1499.14
TOTAL This Period (last page this line number only)	▶	108130.87

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Systems	Nature of Debt (Purpose): Generic Prospects Direct Mail Exp.
Mailing Address 12450 Automobile Boulevard	
City State ZIP Code Clearwater FL 34622-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32944	
Amount Incurred This Period 8421.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 8421.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor City of Raleigh	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 71081	
City State ZIP Code Charlotte NC 28272-1081	

Outstanding Balance Beginning This Period 209.78	Transaction ID: LS10708.E32628	
Amount Incurred This Period 0.00	Payment This Period 209.78	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor City of Raleigh	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 71081	
City State ZIP Code Charlotte NC 28272-1081	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32942	
Amount Incurred This Period 226.72	Payment This Period 0.00	Outstanding Balance at Close of This Period 226.72

1) SUBTOTALS This Period This Page (optional).....	▶	8648.59
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wake County Revenue Department			Nature of Debt (Purpose): Personal Property Tax-Furn/Fixt
Mailing Address PO Box 96084			
City	State	ZIP Code	
Charlotte	NC	28296-0084	

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32952	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
316.25	0.00	316.25	

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

Outstanding Balance Beginning This Period		Transaction ID: LS10708.E32627	
124.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	124.44	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32950	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
123.29	0.00	123.29	

1) SUBTOTALS This Period This Page (optional).....	▶	439.54
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising			Nature of Debt (Purpose): Generic Telemarket. Prospect Donors
Mailing Address 2625 Momentum Place			
City	State	ZIP Code	
Chicago	IL	60689-	

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32949	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
35.00	0.00	35.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alfred Williams & Co.			Nature of Debt (Purpose): Name Signs for Office Doors
Mailing Address 1813 Capital Boulevard			
City	State	ZIP Code	
Raleigh	NC	27604-2189	

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32940	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
35.58	0.00	35.58	

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

Outstanding Balance Beginning This Period		Transaction ID: LS10708.E32633	
20.66			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	20.66	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	70.58
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32943	
Amount Incurred This Period 20.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor A Professional Conference Call	Nature of Debt (Purpose): Central Committee Meeting
Mailing Address PO Box 2939	
City Southampton State NY ZIP Code 11969-	

Outstanding Balance Beginning This Period 54.17	Transaction ID: LS10718.E32738	
Amount Incurred This Period 0.00	Payment This Period 54.17	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alltech	Nature of Debt (Purpose): Toner Cartridges
Mailing Address PO Box 33547	
City Raleigh State NC ZIP Code 27636-3547	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32941	
Amount Incurred This Period 567.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 567.91

1) SUBTOTALS This Period This Page (optional).....	▶	588.57
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)

FOR LINE NUMBER: (check only one)

9
 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 PO Box 2673			
City	State	ZIP Code	
Greensboro	NC	27402-2673	

Outstanding Balance Beginning This Period		Transaction ID: LS10708.E32626	
891.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	891.44	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32951	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
883.79	0.00	883.79	

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

Outstanding Balance Beginning This Period		Transaction ID: LS10708.E32631	
162.66			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	162.66	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	883.79
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 51 / 59
	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 I365 Inc.	Nature of Debt (Purpose): Computer Back Up Protection
Mailing Address 15422 Collections Center Drive	
City Chicago State IL ZIP Code 60693-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32954	
Amount Incurred This Period 162.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 162.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Proshred Security	Nature of Debt (Purpose): Shred Old Documents
Mailing Address 2660 Discovery Drive Suite 132	
City Raleigh State NC ZIP Code 27616-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32948	
Amount Incurred This Period 90.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fallons Creative Flowers	Nature of Debt (Purpose): Condolence Flowers
Mailing Address 700 St. Marys Street	
City Raleigh State NC ZIP Code 27605-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS10818.E32945	
Amount Incurred This Period 77.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 77.93

1) SUBTOTALS This Period This Page (optional).....	330.59
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Moore Exposure, LLC			Nature of Debt (Purpose): Print Business Cards
Mailing Address 215 Williams Street			
City Fayetteville	State NC	ZIP Code 28301-	

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32947	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
76.43	0.00	76.43	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wilmington Convention Center			Nature of Debt (Purpose): Room Rentals for State Co-vention
Mailing Address PO Box 1379			
City Wilmington	State NC	ZIP Code 28402-	

Outstanding Balance Beginning This Period		Transaction ID: LS10818.E32953	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
22307.49	0.00	22307.49	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Robert C. Robin Hayes			Nature of Debt (Purpose): Travel/Meals & See Below
Mailing Address PO Box 954			
City Concord	State NC	ZIP Code 28026-	

Outstanding Balance Beginning This Period		Transaction ID: LS10815.E32931	
3124.94			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3124.94	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	22383.92
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton Wilmington Riverside			Nature of Debt (Purpose): Rooms for State Convention
Mailing Address 301 North Water Street			
City Wilmington	State NC	ZIP Code 28401-	

Outstanding Balance Beginning This Period <input type="text" value="48381.56"/>		Transaction ID: LS10815.E32839	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="48381.56"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Digifonics, Inc.			Nature of Debt (Purpose): TV Production-Broken Prom-ises
Mailing Address 1632 Pricewood			
City Apex	State NC	ZIP Code 27502-	

Outstanding Balance Beginning This Period <input type="text" value="2750.00"/>		Transaction ID: LS10718.E32743	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Joseph Wayne King, II			Nature of Debt (Purpose): Travel Reimbursement
Mailing Address PO Box 944			
City Kings Mountain	State NC	ZIP Code 28086-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS10818.E32946	
Amount Incurred This Period <input type="text" value="278.39"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="278.39"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="278.39"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="33623.97"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="33623.97"/>

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
 North Carolina Republican Party

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

or

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

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)
 North Carolina Republican Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NC Republican Party State Account	M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 1	2245.91

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	2245.91	Transaction ID: H310815.C375352
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	2245.91
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)	2245.91

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Triad Telecom			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 2673			Allocated Activity or Event Year-To-Date 38887.21																						
City	State	Zip Code	Category/ Type																						
Greensboro	NC	27402-2673																							
Purpose of Disbursement: Telephone Service			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	1	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	7	/	0	1	/	2	0	1	1																
Activity or Event Identifier: ADMINISTRATION B 1			Transaction ID: H410708.E32626																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.60		641.84		891.44

B. Full Name (Last, First, Middle Initial) Time Warner Cable			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 70873			Allocated Activity or Event Year-To-Date 37995.77																						
City	State	Zip Code	Category/ Type																						
Charlotte	NC	28272-0804																							
Purpose of Disbursement: Cable Service			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	1	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	7	/	0	1	/	2	0	1	1																
Activity or Event Identifier: ADMINISTRATION B 1			Transaction ID: H410708.E32627																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.84		89.60		124.44

C. Full Name (Last, First, Middle Initial) City of Raleigh			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 71081			Allocated Activity or Event Year-To-Date 37871.33																						
City	State	Zip Code	Category/ Type																						
Charlotte	NC	28272-1081																							
Purpose of Disbursement: Utilities			Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	1	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	7	/	0	1	/	2	0	1	1																
Activity or Event Identifier: ADMINISTRATION B 1			Transaction ID: H410708.E32628																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.74		151.04		209.78

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
343.18		882.48		1225.66

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Diamond Springs			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2400 Charles City Road PO Box 38668			Allocated Activity or Event Year-To-Date 38907.87		
City Richmond	State VA	Zip Code 23231-	Date <input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Water Service			Transaction ID: H410708.E32633		
Activity or Event Identifier: ADMINISTRATION B 1					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.78		14.88		20.66

B. Full Name (Last, First, Middle Initial) Progress Energy Carolinas, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 2041			Allocated Activity or Event Year-To-Date 40063.65		
City Raleigh	State NC	Zip Code 27698-0001	Date <input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Utilities			Transaction ID: H410815.E32834		
Activity or Event Identifier: ADMINISTRATION B 1					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
311.10		799.98		1111.08

C. Full Name (Last, First, Middle Initial) ADT Security Services			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 672279			Allocated Activity or Event Year-To-Date 40649.00		
City Dallas	State TX	Zip Code 75267-2279	Date <input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Security System			Transaction ID: H410815.E32836		
Activity or Event Identifier: ADMINISTRATION B 1					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.79		25.16		34.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
326.67		840.02		1166.69

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial) Staples Credit Plan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 689020			Allocated Activity or Event Year-To-Date 40614.05		
City	State	Zip Code	Date <input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>		
Des Moines	IA	50368-9020			
Purpose of Disbursement: Office Supplies			Category/ Type		
Activity or Event Identifier: ADMINISTRATION B 1			Transaction ID: H410815.E32842		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
108.75		279.66		388.41

B. Full Name (Last, First, Middle Initial) Alltech			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 33547			Allocated Activity or Event Year-To-Date 40225.64		
City	State	Zip Code	Date <input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>		
Raleigh	NC	27636-3547			
Purpose of Disbursement: Toner Cartridges			Category/ Type		
Activity or Event Identifier: ADMINISTRATION B 1			Transaction ID: H410815.E32848		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.36		116.63		161.99

C. Full Name (Last, First, Middle Initial) City of Raleigh			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 71081			Allocated Activity or Event Year-To-Date 38952.57		
City	State	Zip Code	Date <input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>		
Charlotte	NC	28272-1081			
Purpose of Disbursement: Utilities			Category/ Type		
Activity or Event Identifier: ADMINISTRATION B 1			Transaction ID: H410815.E32849		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.52		32.18		44.70

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.63		428.47		595.10

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
North Carolina Republican Party

A. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address
PO Box 105262

City	State	Zip Code
Atlanta	GA	30348-5262

Purpose of Disbursement:
Phone Line for Security/CC Machine

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

40780.87

Activity or Event Identifier:
ADMINISTRATION B 1

Date

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

Transaction ID: H410815.E32854

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.92		94.95		131.87

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.92		94.95		131.87

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
873.40	2245.92	3119.32