Amendment



10-15-10P04:42 RCVD

# North Carolina

## State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY.

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

# **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

TILLED DI.	
Committee Name:	Jeremy Leetor for County Commissioner
Treasurer Name:	Desemy Teetor
Treasurer Address:	Tole Huffman Mill Red APT J5
(include city, state, & zip)	Burlington, NC 27215
Treasurer Phone:	
election cycle under the prountil the end of the election expenditures during this ele of elections and file required THIS DECLARATION CA	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or oction cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.  Signature
	() Jighillare
Note: This Cartification is to	a be filed at the Floation Pound whom the committee's account of 1

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Disaloguna Donout Cover	Amendment
Disclosure Report Cover	☐ Yes
Use this form for general report and committee information, must be signed and submitted along wi	th other deta

ailed forms.

Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number Commissioner b. Mailing Address (include City, State and Zip Code) d. Date Filed e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 5. Treasurer Full Name 4. Period End Date (mm/dd/yy) 2010 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category Candidate Campaign Party Municipal State/County Referendum ☐ PAC Referendum Organizational Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Pre-referendum Quarterly Legal Expense Fund Pre-primary Final First Supplemental Final Pre-election Second 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual 10. Special Report Name Year End Mid Year Other: Final Year End 8. Number of Fundraisers this Report Special Final ☐ Special 11. Account Information 11. Account Information Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose c. Account Code 105-001-334d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections

August 2008

☐ No

<b>Detailed Summary</b>	Amendment  Yes No		
Use this form to summarize all disclosure reporting forms and			
1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
letery feeter for County Commissiones	Third !	duotter	NA-W(F1110-1-00)
Start of Election Cycle: January 1, <u>分合し</u>	•	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 6	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 11111 475	s \$44 tu 475
6) Contributions from Individuals	(CRO-1210)	\$ 18WOX 635	\$ \$100 635
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500	\$ 500
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100	\$100
9) Loan Proceeds	(CRO-1410)	\$ <u>(</u> )	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 💍	\$ 0
11) Other Receipt Sources		NEW PROPERTY.	<b>*</b> 计源等程序。
11a) Interest on Bank Accounts	(CRO-1250)	\$ 🕥	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ (
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ (	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 💍	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle)	\$ 1,660	\$ 1,660
<u>EXPENDITURES</u>			
13) Disbursements		(4) (4) (4)	的 "我不知识"
13a) Operating Expenditures	(CRO-1310)	\$ 1175:56	\$ 1125,56
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 20	\$ 30
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	s till	\$ 1500
17) In-Kind Contributions	(CRO-1510)	\$ 58	\$ 58
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1203,56	\$ 1203,56
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 456,44	\$ 456144
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	<u>\$</u> _C	THE RICH LINE
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ <u>C</u>	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 6	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$ C	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ C	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ C	<u>\$</u> 0
28) Contributions to be Refunded	(CRO-1215)	\$ (	\$ ()

Aggrega	Amendment  Yes No						
Optional form used to report NC Contributions From Individuals of \$50 or less							
1. Committe	7	nd Fund if applicat		2. 1	D Number		
Desem	y Fector.	for County	Commissione	r AL	4-WCF-140-C-001		
	itor Information	1					
a. Amend Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
Remove		Check		05/19/200	\$ 20,00		
Add Remove	\	Check		05/19/2010	\$ 20,00		
Add Remove		Check		05/20/2010	\$25.00		
Add Remove	1	Check		05/20/200	\$ 95.00		
☐ Add ☐ Remove		Check		0106/1620	\$30.00		
Add Remove	1	Check		05/21/2010	\$50.00		
Add Remove	1	Check		05/21/2010	\$40.00		
Add Remove		Check		05/26/2010	\$50,00		
Add Remove		Check		65/28/2010	\$ 20,00		
Add Remove		Check		0512812010	\$50.00		
Add Remove		Check		05/3//2010	\$20.00		
Add Remove		cash		06/15/2010	\$170,00		
Add Remove		Check		06/23/2010	\$50,00		
Add Remove	İ	Check		07/23/2010	\$70,00		
Add Remove	)	Check		07/23/2010	\$ 20,00		
Add Remove	1	Check		07/31/2010	\$50,00		
Add Remove	1	Check		08/17/2010	\$ 25.00		
Add Remove	1	Check		09/13/2010	\$ 50.00		
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☐ Add ☐ Remove					\$		
	nly this Page			\$	635,00		
	f ALL CRO-1	_	DA 1160)	\$	635,00		
CRO-1205	ust be on line 5 of De	etailed Summary Page C	RO-1100)  NC State Board of Elections		April 2007		

### Amendment Contributions from Individuals ☐ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number County Commissioner ALA-LUCTIUD-C-OOL ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Selemy Tector c. Employer's Name/Specific Field 106 Huffman Mill Rd, AP+ 55 e. Election Sum to Date Burling for No 07215 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 03/01/2010 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Professor . Employer's Name/Specific Field 114 Timberlake Dr Flon University c. Election Sum to Date \$ 100,00 (376) 978-5859 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 05/21/2010 \$ \$ 3. Contributor Information ☐ Add Remove ı. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Yat Moser c. Employer's Name/Specific Field Burnington, NC 07215 e. Election Sum to Date g. Account Code h. Form of Payment i. In-Kind Description Prior j. Date (mm/dd/yyyy) k. Amount 75.00 10/05/(0

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

300,00

\$

## **Contributions from Individuals** ☐ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number for County Commissioner ALA-WCFTUD-C-OOL 3. Contributor Information Add Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Engineer ober Osborne c. Employer's Name/Specific Field 7057 Bether South Fork AD Engineering e. Election Sum to Date g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) \$ \$ 3. Contributor Information Remove Add . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date . Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ g. Account Code . Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		ical Party Committees	Pg of	Amendment _
	to report contribution  Full Name (and Fund	ons from a political party		TY Minister
				2. ID Number
)-efemily	lector for lo	unty Commissioner		LA-WCF/40-C-00
3. Contributor		Add [	Remove	
(include city, sta	ling Address & Phone ate, & zip)		<u> D</u>	. Comments
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DA DA	V 1615	cratic Women		
10 DU	X 1813	11/2	ļ.	. Election Sum to Date
15010110	1011) 100 0 10	, I (C	-	
(374) 2 24				\$ 500:06
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	
	Check		08/20/2011	o \$ 500,00
				\$
				\$
3. Contributor	Information	Add	Remove	
a. Full Name, Mail (include city, stat	ling Address & Phone		<u></u>	. Comments
				. Election Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	) h. Amount
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3. Contributor		☐ Add ☐	Remove	
	ing Address & Phone		<u>p</u> .	. Comments
(include city, stat	:е, & гар)			Election Sum to Data
				Election Sum to Date \$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	
di Account Cour	e. Porti of a Lyment	I. In Mad Description	g. Date (naivow), j.j.,	
				\$
				\$
				\$
4. Total only	this Page			\$ 500 00
	LL CRO-1220 Pag	ges		
(This line must be	e on line 7 of Detailed Sumi	mary Page CRO-1100)		\$ 500.00

CRO-1220

Contributi		Yes No				
	report contributions from		ferendum or PAC	2 committees		
1. Committee F	full Name (and Fund if a	applicable)			2. I	D Number
Selemy	Tector for C	ounty Com	nissioner		AL	A-WCF140-C-COI
3. Contributor	Information			move		1
	ing Address & Phone		b. Type of Commi		d. C	omments
(include city, stat			Candidate  Referendum	☐ PAC		
Hon Yam	ish for Sharin inghill LN 1116, NC 272	<b>(</b> +	c. Level Registered	d (Specify)	1	
401 Stri	inghill LN	` .	Federal	County:	L	
C. Dean U	No. 110 272	49	State	Municipality:	e. El	lection Sum to Date
	, <del></del>		<u>LAlaman</u>		\$	100.06
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	/y)	j. Amount
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3. Contributor				nove		
•	ing Address & Phone		b. Type of Commi		d. C	omments
(include city, stat	ie, & zip)		Candidate  Referendum	☐ PAC		
		ļ	c. Level Registered	d (Specify)	┨	
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		!	State	Municipality:	e. El	lection Sum to Date
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f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	/ <b>y</b> )	j. Amount
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3. Contributor	Information		Add Ren	nove		
ľ	ing Address & Phone	- 1	b. Type of Commit		d. C	omments
(include city, stat	.e, & zip)		Candidate Referendum	☐ PAC		
		!	c. Level Registered	d (Specify)	1	
		!	Federal	County:		
		ł	State	Municipality:	e. El	lection Sum to Date
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						\$
4. Total only thi	- <del>-</del> -				\$	00:00
	CRO-1230 Pages on line 8 of Detailed Summa	urv Page CRO-1100)			\$	100.00

Amendment

CRO-1230 NC State Board of Elections April 2007

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Disbursem		<b>.</b>	r.				
	report expenditures : coordinated party ex		ee for o	perating exp	enses, contributi	ons to car	ididate/political
	full Name (and Fund					2. II	) Number
	Teetor for		Car	nmiss:	m r2 c 6	Δ1/	f-WCF140(-00)
3. Type of Disb		use separate CR	O-1310	forms for a	ach tung of Dish		
Operating Exp	enses Con	tributions to Candida					ty Expenditures
4. Payee Inform				Add 🗖	Remove		ty 2politariates
	lailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Co	mments
(include city, state,	· ·						
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4. Payee Inform	nation			Add 🔲	Remove		<u></u>
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	d. Co	nunents
(include city, sta	te, & zip)						
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4. Payee Inforn	nation	l		Add $\square$	Remove		
	ing Address & Phone			b. Coordinate	d Committee Name	d. Co	mments
(include city, sta	te, & zip)						
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105 5		n Ave		Federal	County:		
Ehm. A	Williamson	1 110		State	☐ Municipa	lity: e. Ele	ection Sum to Date
「 ら な ) く	34-5943					\$	14,97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nım/dd/yyyy)	j. Amount	k. Require	d Remarks

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	-			\$			
5. Total only t	\$ \\\	100					
6. Total of AL							
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7. Purpose Codes (List detailed expenditure code in (h.) above)

	` 1		_
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require c	latailed explanation in requi	ired remarks field (k)	

Disbursement	ts
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	$\langle \gamma \rangle$		2	Amendment	
Pg	0	of	<u> </u>	☐ Yes	□ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number
Deremi	x Teetor	for Cour	744	(ommi	ss i one	i^	ALA-WCFLUO-C-OCI
3. Type of Disb		use separate CF				Disburse	ement.)
Operating Exp		tributions to Candida	ites/Politi	cal Committees		Coordina	ted Party Expenditures
4. Payee Inform				Add	Remove		
	Iailing Address & Ph	one		b. Coordinate	ed Committee	Name	d. Comments
(include city, state,	, & zip)			-			
5+apus				c. Level Regi	stered (Specif	`v)	-
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(Neensber	Wendova As	Ĭ		State	☐ Mi	micipality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)			lequired Remarks
	Check		LOD	20/200	\$ 1423	17	stochuses
					\$		
4. Payee Inform	nation	•		Add 🔲	Remove	•	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee	Name	d. Comments
(include city, sta							
Nans /	tdvertising van DR	/		. 71 D1	-4 A /15	S.A	ļ
376U	War to			c. Level Regi		y) unty:	
Dr. Chan	VOIT VA	'>15		State	=	•	e. Election Sum to Date
15 Kg Harry	4011) NC 07 126-7400	012		<u> </u>		. ,	
	126-1400		,				\$812,24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)			lequired Remarks
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					\$		•
4. Payee Inform	nation	<u>.                                    </u>		Add 🗖	Remove	<u> </u>	
a. Fuli Name, Mail	ing Address & Phone			b. Coordinate	ed Committee	Name	d. Comments
(include city, sta	te, & zip)						
				c. Level Regi			-
				State		unty: micipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
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5. Total only th	is Page	<u> </u>	L		·		\$ 1,014.56
	CRO-1310 Pages						- 1) - 1 - 10
ľ	_	mary Page CRO-11	00 if One	ratina Evneny	es)		1 _
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printii			undraising	D	- To Ano	ther Candidate
E - Salaries	F* - Equip	ment		litical Party			ng Public Office Expenses
I - Postage	J - Penalti	es	K* - C	ffice Expen	ises Q	* - Donat	ion to Legal Expense Fund
O* Other				. e. 13 4 S			
👎 Codes requir	e detailed explanati	on in required i	emarks	s nela (k)		****	

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	<b>&lt;7</b>		$\sim$	Amendment	
Pg		of	<u> </u>	☐ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	l if applicable)				2. ID Number
Jesemi					s'oner	ALA-tucFlun-cool
3. Type of Disb		use separate CR		_		
Operating Expe		tributions to Candida	tes/Politic			rdinated Party Expenditures
4. Payee Inforn				Add 🔲	Remove	
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,			1	-		
	e county De	emocratic u	JORUN	c. Level Regis	stered (Specify)	-
PO BO)	i 1815 °			Federal	County:	
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f. Account Code	g. Form of Payment	<u></u>	<b>†</b>	mm/dd/yyyy)		k. Required Remarks
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4. Payee Inforn				Add 🗆	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	<u> </u>					
Alamana	County Demoi	watic Woi	(LD	c Level Regis	stered (Specify)	
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4. Payee Inforn	nation			Add 🔲	Remove	
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	e, & zip)					
				a I and Dogi	stered (Specify)	
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5. Total only th	is Page	-		<del> </del>	<del> </del>	\$ 90.00
· · · · · · · · · · · · · · · · · · ·	CRO-1310 Pages					\$ 20.00 , \$\45.5\e
	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)	10/11/5 5/
	line 13b of Detailed Sum					) 「* 1)1付し0000
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)	
	odes (List detailed	expenditure code	in (h.)	above)		
A* - Media	B* - Printir	ıg	C* - F	undraising		Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage	J - Penaltie	es	K* - 0	ffice Expen	ses Q* - Do	onation to Legal Expense Fund
O* Other	a datailed avalonati	on in required r	omorto	field (L)		
<u> </u>	<u>e detailed explanati</u>	on in required r	CHIMEKS	uciu (K)		

In-Kind Contributions Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.			tee o	Amendment  Yes No r fund.
1. Committee Full Name (and Fund if applicable)	idea within 7 da	, 3.	2. I	D Number
Secent Lector for Country Com	missiono	ſ	AL.	A-WCFlun-c-ool
3. Contributor Information	Add 🔲 Rei	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. C	omments
Selemy Teetor The Huffman Mill Rd, AP+ 35 Burkington, NC 27215 (336) 014.4738	Individual Candidate Party PAC			
BUILINGTON, NC 27215	Referendum Other Receipt	Source	ł	lection Sum to Date
e. Description	1	f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Printing Costs		09118190	10	\$ 58,00
				\$
				\$
3. Contributor Information	Add 🔲 Ren	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. C	omments
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	Source	d. E	lection Sum to Date
e. Description	l	f. Date (mm/dd/yyy	v)	g. Fair Market Amount
<u> </u>			•	\$
				\$
				\$
3. Contributor Information	Add 🔲 Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. C	oniments
(include city, state, & zip)	Individual Candidate Party AC Referendum	1	d. E	lection Sum to Date
	Other Receipt	Source	\$	

CRO-1510 NC State Board of Elections December 2007

f. Date (mm/dd/yyyy)

g, Fair Market Amount

\$

\$

\$ 58.00

\$58.00

e. Description

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Jeremy Tector for County Commission	Third	Quarter	ALA-WCF140-C-001
Start of Election Cycle: January 1, 2009	-	Total this Reporting Perio	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$635	\$ (035
6) Contributions from Individuals	(CRO-1210)	\$ 483	\$ 483
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500	\$500
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100	\$ 100
9) Loan Proceeds	(CRO-1410)	\$ ()	\$ ()
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ ()	\$ 🔿
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ ()	\$ ()
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ ()
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ ()	\$ ()
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 5718	\$ 5718
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1125,56	\$ 1125.56
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 20	\$ 20
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 58	\$ 58
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1203.56	\$ 1203.56
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 514,44	\$ 514,44
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 6	
, , , , , , , , , , , , , , , , , , , ,	(CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ ()	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	
	(CRO-1720)	\$ 0	
	(CRO-1710)	\$ ()	\$ (
26) Forgiven Loans	(CRO-1440)	\$ ()	\$ (
11 (1994 - 1994	(CRO-2220)	\$ ()	\$ 0
28) Contributions to be Refunded  CRO-1100  NC State Board	(CRO-1215)	\$ ()	\$ () August 2008
The State Board	. or Dicetions		August 2008

Use this form to report individual contributio		ontributions und	ler \$50 if form CI		
1. Committee Full Name (and Fund if appl	icable)			2. I	D Number
Jesemy Teetor for County	Comin	ssioner		AL	4-121CF1110-cool
3. Contributor Information		Add Re	move		1 00 ( ) 4-0117 (
a. Full Name, Mailing Address & Phone		b. Job Title/Profe		d. C	omments
(include city, state, & zip)		<del>ا</del>		1	
Jeremy Teetor 706 Hullings, not LD, ART J		c. Employer's Na		-	
TOGE ACHTERON, MIN KD. AVI T	C,			-	
Burlington, N'c 2785		Lee Cour Schools	Ity	e. El	lection Sum to Date
(336)a14-4738		$ $ $>$ Ch $\infty$ IS	· •	\$	183,00
f. Prior   g. Account Code   h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
1 Chark			03/01/201	'O	\$ 125,00
1 2n-King	Printin		09/181201		
	11111111	7	0 17 81 201		\$
3. Contributor Information		Add Re	move		L
a. Full Name, Mailing Address & Phone		b. Job Title/Profe		d. C	omments
(include city, state, & zip)		(-)			
Deborah Long 114 Timberlake Dr		Profess	<u> </u>		
114 Timberlave De		c. Employer's Na			
FION, NC 97244		Flon Ur	livers, ty	e. El	ection Sum to Date
(336) 278-5859  f. Prior g. Account Code h. Form of Payment			·	\$	100.00
f. Prior   g. Account Code   h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	ry)	k. Amount
10 \ Check	!		05/21/20	۲	\$ 100,00
				<u> </u>	\$
					\$
3. Contributor Information		Add Re	move		
a. Full Name, Mailing Address & Phone		b. Job Title/Profe		d. C	omments
(include city, state, & zip)			i I		
		Letilea	J.		
PCH MOSER 2-96-A Mapa Ave Burlington, NC 27215		c. Employer's Nar	ne/Specific Field		
12 Day materials 27215				e. El	ection Sum to Date
1501 (mg/01)200 > 100				\$	75.00
f. Prior g. Account Code h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount
□ \ Chock			10/05/201	0	\$75.00
		•			\$
					\$
4. Total only this Page	·			\$	358,00
5. Total of ALL CRO-1210 Pages					116/2 00
(This line must be on line 6 of Detailed Summary Pa	ige CRO-1100)			\$	483,00

**Contributions from Individuals** 

		rom Individua ndividual contributio			<u></u>		Amendment  Yes No 205 is not used
		ne (and Fund if app					D Number
		r for Count	y Comm	issio <u>n</u> er		AL	twif140-cool
	tributor Inform	· · · · · · · · · · · · · · · · · · ·			move .	<u> </u>	
	iame, Mailing Addro de city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	a. C	omments
_		.0.0		Engine	er		
1K01	pert Osbo	orne - 5044 fork 97253	0 0	c. Employer's Nat			
66	Lan Alc	07753	$\triangleright$ D	Engineer	1119	e. El	ection Sum to Date
(Ald	1)414-05	45				\$	125,00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
		Check			10/49/2010		\$ 125,00
		:					\$
							\$
3. Con	tributor Informa	ation		Add 🔲 Rei	nove		
	lame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Co	omments
(includ	de city, state, & zip)			1			
				c. Employer's Nar	ne/Specific Field	1	
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						e. El	ection Sum to Date
						\$	
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	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
(includ	de city, state, & zip)			-			
				c. Employer's Nar	ne/Specific Field		
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	<u>-</u>	RO-1210 Pages				e /	195.00 113.00
		of Detailed Summary P	age CRO-1100)			Φί	<u> </u>

Disbu	ircem	ente
וטפוע	II 9CIII	CHILD

	1		$\cap$	Amendment	
Pg		of	<u>}</u>	☑ Yes	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	l if applicable)				2.	ID Number
Jeremy -	Teeter for (						LA-WCF1U6-C-001
3. Type of Disb					each type of Disb		
Operating Expense 4. Payee Inform		tributions to Candida	ites/Politic	Add	Remove	rdinated F	Party Expenditures
	ailing Address & Pho	nne	<u> </u>		ed Committee Name	. la. c	Comments
(include city, state,	-	Sile		lor Coordinate	ed Committee : wille	"	Comments
Office 1							
	ardon RD				stered (Specify)		
2. (), not	on, NC 973	715		Federal State	County:	lity: e. F	Election Sum to Date
							70
(356)538					r		10:03
f. Account Code	g. Form of Payment	h. Purpose Code	f		j. Amount	·	ired Remarks
<b>— —</b>	Check	B	04/0	0(s/aci 0	\$ 70.03	Bush	ness (cirds
					\$		
4. Payee Inforn				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	d. (	Comments
(include city, stat							
KBC B	ank			c. Level Regis	stered (Specify)		
822 S A	101115+ NC 97253			Federal	County:		
Cidhain.	ALC 97253			State	☐ Municipa	lity: e. F	Election Sum to Date
(336) 5	12-16/10					\$	21.00
	g. Form of Payment	h. Purpose Code	li. Date (i	l nm/dd/yyyy)	i. Amount		ired Remarks
Ì	Check		02/		\$ 21,00		K Fees
,				UTTOCIO	\$	~ !\!	F 1 ( )
4. Payee Inforn	nation		╁	Add 🔲	Remove		
	ing Address & Phone				ed Committee Name	d. C	Comments
(include city, stat	te, & zip)						
115 Dast	office						
	illionson Ave			c. Level Regis	stered (Specify)  County:		
105 5 6	27244			State	Municipa	lity: e. E	Election Sum to Date
					<u></u>		
(336) 58					•		19,97
f. Account Code	g. Form of Payment	h. Purpose Code	1 .		j. Amount	k. Requi	ired Remarks
1	Check	<del></del>	05/0	0/2010	\$ 19,97		<u></u>
					\$		
5. Total only th	is Page					\$	111.00
6. Total of ALL	CRO-1310 Pages						~ /
_	line 13a of Detailed Sum					\$	1,125,56
	line 13b of Detailed Sum					ı	1)100
	line 13c of Detailed Sum				Expenduares)		
A* - Media	odes (List detailed B* - Printir			above) indraising	D . To .	Another	· Candidate
E - Salaries	F* - Equip			itical Party			Public Office Expenses
I - Postage	J - Penaltic			ffice Expen			to Legal Expense Fund
O* Other				-	-		
* Codes requir	e detailed explanati	on in required r	emarks	field (k)			

Disbursem	ents				Pg 👱 of	Amendment  Yes No
			ee for o	perating exp	enses, contributi	tions to candidate/political
	coordinated party ex					12 ID Mhan
	Tull Name (and Fund	^ .			<del></del> · ·	2. ID Number
	Teetor for		(cm	missic	her	ALA-WFLUG-COCK
3. Type of Disb		use separaté CR				
Operating Exp		tributions to Candida	tes/Politic			ordinated Party Expenditures
4. Payee Inform			<u></u>	Add	Remove	Ia C
	lailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	& zip)					
Status		A		c. Level Regis	stered (Specify)	-
4214 W	Wendover 2 No. No 274	4ve		☐ Federal	County:	- ·
Cleensbo	NO, NO 274	ioil		State	■ Municipa	pality: e. Election Sum to Date
(336)85	56-9800		ĺ			\$ 142.32
	g. Form of Payment	h, Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks
<b>)</b>	Check	13	1 .	(01701t)	\$ 142.32	Brochases
l.	0. 2.()		W rar	W / OIL	\$	THERMIT
4 Davido Inform	tion			Add 🔲	Remove	
4. Payee Inforn	ing Address & Phone				ed Committee Name	d. Comments
(include city, stat	te, & zíp)			Di Cooi omas	zu Communecc , va	C Grantens
Urine 1	Harir					
DON'S AU	MITFING			c. Level Regis	stered (Specify)	
3204,1	1011 DK			Federal	County:	
BULLINGTO	Vertring Jan DR On, NC 272	-15		State	■ Municipa	e. Election Sum to Date
(336) 22						\$872,24
	g. Form of Payment	h, Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		10/1	6/2010	\$57,24	4010 Signs
					\$	
4. Payee Inforn	nation			Add 🔲	Remove	<u></u>
	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
(include city, stat				ļ	<del></del>	
		_				
İ					stered (Specify)	
				Federal State	County:	ality: e. Election Sum to Date
İ				State	L Mannespa	1
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nn/dd/yyyy)	j. Amount	k. Required Remarks
	•	1			\$	
4			•		ĮΨ	

5. Total only this Page 6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes	(List detailed expenditure	code in (h.)	) above
------------------	----------------------------	--------------	---------

A\* - Media

B\* - Printing

C\* - Fundraising
G - Political Party

D - To Another Candidate

E - Salaries I - Postage F\* - Equipment J - Penalties

K\* - Office Expenses

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

\$ 1,0 1456

s1,125,56

O\* Other

\* Codes require detailed explanation in required remarks field (k)

D!_L	<b>4</b> _				1	١	Amendment		
Disbursem		e	· • •	.*	Pgof				
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures									
	ull Name (and Fund			2	2. ID Number				
Jegeny-		( run) y	CMM	issi one	 γ <u>r</u>	1.	ALA-WCF1410-(-00)		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform				Add	Remove	. la	C :		
a. Full Name. Mi (include city, state,	ailing Address & Pho	one		b. Coordinate	ed Committee Nam	16 10	, Comments		
		 ۱۸۰۰ د ماره	^						
Munance	County Demo	SCIUNE COOP	७११	c. Level Regi	istered (Specify)				
POBOX 1	615 '			Federal	County:	_			
Burn naton	1, NC 07216	هُ ا		State	Municip	pality: e.	. Election Sum to Date		
(336) 0 2	<u>(c - 5005</u>			Alam	<u>ance</u>	_,	s j0,00		
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	·	_ k. Req	uired Remarks		
	Check	6	CH	06/2010	\$ 10.00				
					\$				
4. Payee Inform	nation			Add 🔲	Remove				
· ·	ing Address & Phone			b. Coordinate	ed Committee Nam	ie d	. Comments		
(include city, stat									
Mamance Co	ounty Democrat	nc Worken		a Lovel Regi	stored (Specify)				
DO DOY 18	15			c. Level Registered (Specify)  Federal County:					
10 . Claraton	15, NC 07216			State		_	. Election Sum to Date		
(3%) 226	- 5005			Ham			s J-0,00		
f. Account Code	g. Form of Payment	h. Purpose Code	li. Date (	mm/dd/yyyy)	Ti Amount	lk. Req	uired Remarks		
i Account 2000	Check	6	1		\$ (() 00				
\	Clicci	<del>  6</del>	110	11/2010	<del>                                     </del>	+-			
					\$				
4. Payee Inform			<u> </u>	Add Remove					
	ing Address & Phone			b. Coordinate	ed Committee Nam	1e d	. Comments		
(include city, stat	e, & zip)	<del></del>							
ļ				c. Level Registered (Specify)					
				Federal County: State Municipality:					
							. Election Sum to Date		
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Req	juired Remarks		
			1		\$				
		<del> </del>	+		\$	+-			
			<del></del>		1-0		c c a .Ot.		
5. Total only thi	is Page						\$ 90.00		

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

s <i>90</i> ,00	

/. Pur	pose	Codes	(LIST	detaned	expendit	ture co	ode in	$(\Pi.)$	abov	/C)

A\* - Media B\* - Printing C\* - Fundraising

E - Salaries F\* - Equipment

G - Political Party

D - To Another Candidate

I - Postage J - Penalties K\* - Office Expenses

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

O\* Other

\* Codes require detailed explanation in required remarks field (k)