



North Carolina
State Board of Elections

441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

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

Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign

FILED BY:

Committee Name: Committee to Elect Bob Byrd
Treasurer Name: Caroline King
Treasurer Address: 510 Country Club Drive
(include city, state, & zip) Burlington, NC 27215

Treasurer Phone: 336-260-0985

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

1-11-15
Date Signed

Caroline King
Signature

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

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information			
a. Full Name COMMITTEE TO ELECT BOB BYRD			c. ID Number
b. Mailing Address (include City, State and Zip Code) 2826 CHARLOTTE LANE BURLINGTON, NC 27215			d. Date Filed 01/12/2015
			e. Phone Number (336) 584-7302
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	10/19/2014	12/31/2014	CAROLINE KING
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name CAPITAL BANK, INC		a. Financial Institution Full Name	
b. Purpose CAMPAIGN ACTIVITY	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3,751.78		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			
<u>Caroline King</u> Printed Name of Signer		<u>Caroline King</u> Signature of Appointed Treasurer	
		<u>01/12/2015</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>1/12/15</u>	Employee	<u>SGN</u>
Date Postmarked:	_____	Employee	_____
Date Scanned:	_____	Employee	_____
Date Data Entered:	<u>JAN 12 2015</u>	Employee	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received 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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT BOB BYRD	2014 Fourth Quarter		
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,751.78	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 175.00	\$ 4,516.70
6) Contributions from Individuals	(CRO-1210)	\$ 1,331.80	\$ 37,888.73
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 400.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 400.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 1,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,506.80	\$ 44,205.43
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,566.61	\$ 31,748.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 75.64	\$ 134.92
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 196.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,031.80	\$ 11,541.43
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,674.05	\$ 43,620.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 584.53	\$ 584.53
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BOB BYRD						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/30/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		10/25/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		10/20/2014	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/30/2014	\$	50.00
4. Total only this Page					\$	\$175.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$175.00

Contributions from Individuals

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	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JANE BECK 1910 SHIRLEY DRIVE BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		11/04/2014		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				NONE		e. Election Sum to Date	
						\$ 1,609.64	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	In-Kind	MILEAGE	12/31/2014		\$ 165.76	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925				GRAPHIC DESIGNER			
				c. Employer's Name/Specific Field			
				JOURNALISTIC		e. Election Sum to Date	
						\$ 2,820.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	In-Kind	AD DESIGN WORK	12/31/2014		\$ 240.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 505.76	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,331.80	

Contributions from Individuals

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	
COMMITTEE TO ELECT BOB BYRD						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NEELAM KHAN 729 MEADOWOOD DRIVE BURLINGTON, NC 27215			MD			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		10/27/2014	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CAROLINE KING 510 COUNTRY CLUB DRIVE BURLINGTON, NC 27215			CPA			
			c. Employer's Name/Specific Field			
			GILLIAM COBLE MOSER, LLP			
					e. Election Sum to Date	
					\$ 4,750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	BOOKEEPING SERVICES	12/31/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELISABETH PENNINGTON 206 ARBOR DRIVE ELON, NC 27244			HEALTH CARE EXECUTIVE			
			c. Employer's Name/Specific Field			
			CONE HEALTH			
					e. Election Sum to Date	
					\$ 126.04	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	FOOD AND REFRESHMENTS FOR	10/30/2014	\$ 126.04	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 826.04	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,331.80	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HARRIS TEETER 2727 S CHURCH STREET BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 124.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	11/03/2014	\$ 124.60	ELECTION NIGHT		
				\$	RECEPTION		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MEBANE ENTERPRISE 106 N FOURTH STREET MEBANE, NC 27302							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,939.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	11/24/2014	\$ 150.00	THANK YOU AD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE ALAMANCE NEWS 114 WEST ELM STREET GRAHAM, NC 27253							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,258.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/27/2014	\$ 200.30	NEWSPAPER ADS		
1	Check	A	12/01/2014	\$ 159.64	THANK YOU AD		
5. Total only this Page						\$ 634.54	
6. Total of ALL CRO-1310 Pages						\$ 3,566.61	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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 detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE TIMES NEWS PO BOX 481 BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 10,225.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Check	A	10/27/2014	\$ 2,223.37	NEWSPAPER ADS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WPCM 1109 TOWER DRIVE BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 545.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Check	A	10/27/2014	\$ 140.00	RADIO ADS		
				\$			
5. Total only this Page						\$ 2,363.37	
6. Total of ALL CRO-1310 Pages						\$ 3,566.61	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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 detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BOB BYRD					2. ID Number	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	10/21/2014	\$ 25.62	STORAGE CONTAINERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	10/21/2014	\$ 15.00	CUTTING DOOR HANGERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	10/21/2014	\$ 19.20	NAME BADGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/20/2014	\$ 1.44	ONLINE DONATION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/25/2014	\$ 2.88	ONLINE DONATION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/27/2014	\$ 11.50	ONLINE DONATION FEE
4. Total only this Page					\$ 75.64	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 75.64	
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising	D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ROBERT BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1,609.64
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MILEAGE		12/31/2014	\$ 165.76
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2,820.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
AD DESIGN WORK		12/31/2014	\$ 240.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
CAROLINE KING 510 COUNTRY CLUB DRIVE BURLINGTON, NC 27215		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 4,750.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BOOKKEEPING SERVICES		12/31/2014	\$ 500.00
			\$
			\$
4. Total only this Page			\$ 905.76
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1,031.80

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
ELISABETH PENNINGTON 206 ARBOR DRIVE ELON, NC 27244	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$ 126.04	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
FOOD AND REFRESHMENTS FOR MEET AND GREET	10/30/2014	\$ 126.04	
		\$	
		\$	
4. Total only this Page		\$ 126.04	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,031.80	

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BOB BYRD		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215		b. Job Title/Profession RETIRED	
		c. Employer's Name/Specific Field NONE	
		d. Comments	
		e. Start Date (mm/dd/yyyy) 01/21/2014	
		f. End Date (mm/dd/yyyy)	
g. Rate 0.00%	h. Security Pledged NONE	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1,000.00	