10-27-14 10:03 RCVD

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 Informa	ation					
a. Full Name						c. ID Number
Citizens for Barber						ID4X20
b. Mailing Address (include	e City, State and Zip Code)					d. Date Filed
1486 N NC Hwy 87 Elon, NC 27244						10/27/2014
						e. Phone Number
						336-260-6690
2. Report Year 3.	Period Start Date (mm/c	ld/yy)	4. Period E (mm/dd/yy)	nd Date	5. Treasurer Full	Name
2014	07/01/2014		10/18	/2014	Angela B. Qualls	
6. Type of Committee	(Check One)	9. Typ	e of Report	(check on	ly one type of report	t from one category)
Candidate Campaign	Party	Municip	pal	State/C		Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
Legal Expense Fund					122	
	if applicable, check one)	1	Pre-primary		First	Final
"Booster Fund"		l H	Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
			Semi-annual		Fourth	Special Special
		ΙH	Mid Year		Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
			Final		Year End	
8. Number of Fundrai	sers this Report		Special		Final	Third Qtr. Plus
					Special	
11. Account Informati	on					
11. Account Informati a. Financial Institution Full				11. Account I		
a. Financial Institution Full				11. Account I	nformation	
a. Financial Institution Full Capital Bank	Name			11. Account I	nformation	c Account Code
a. Financial Institution Full Capital Bank b. Purpose				11. Account I	nformation	c. Account Code
a. Financial Institution Full Capital Bank b. Purpose Campaign	Name			11. Account I	nformation	c. Account Code
a. Financial Institution Full Capital Bank b. Purpose Campaign funds	c. Account Code			11. Account I	nformation	
a. Financial Institution Full Capital Bank b. Purpose Campaign	c. Account Code 1 d. Period Begin Balance			11. Account I	nformation	d. Period Begin Balance
a. Financial Institution Full Capital Bank b. Purpose Campaign funds	c. Account Code	2		11. Account I	nformation	
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commit	c. Account Code 1 d. Period Begin Balance \$ 632.00	ance wit	h all applicabl	11. Account I a. Financial Institution b. Purpose	Information itution Full Name of Article 22A, 22B.	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Committhe NC General Statutes	c. Account Code 1 d. Period Begin Balance \$ 632.00 ittee or Fund is in complist and that no funds are co	ance wit	h all applicabled with prohib	11. Account I a. Financial Institution b. Purpose the provisions of the provisions of the provision of the p	information itution Full Name of Article 22A, 22B,	d. Period Begin Balance
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Committhe NC General Statutes is complete, true and co	c. Account Code d. Period Begin Balance \$ 632.00 ittee or Fund is in complist and that no funds are contract and that I have been	ance wit	h all applicabled with prohib	11. Account I a. Financial Institution b. Purpose the provisions of the provisions of the provision of the p	information itution Full Name of Article 22A, 22B,	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of I further certify that this report
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commithe NC General Statutes is complete, true and co Anglea B. Qua	c. Account Code 1 d. Period Begin Balance \$ 632.00 ittee or Fund is in complist and that no funds are contract and that I have been alls	ance wit	h all applicabled with prohib	de provisions of the Board of E	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of I further certify that this report 10/27/2014
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commithe NC General Statutes is complete, true and co Anglea B. Qua	c. Account Code d. Period Begin Balance \$ 632.00 ittee or Fund is in complication of the contract and that I have been alls Printed Name of Signer	ance wit	h all applicabled with prohib	11. Account I a. Financial Institution b. Purpose the provisions of the provisions of the provision of the p	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of I further certify that this report
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commithe NC General Statutes is complete, true and co Anglea B. Qua	c. Account Code d. Period Begin Balance \$ 632.00 ittee or Fund is in complication of the contract and that I have been alls Printed Name of Signer	ance wit mmingle trained	h all applicabled with prohib	de provisions of the Board of E	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of . I further certify that this report 10/27/2014 Date Delivery Method
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commit the NC General Statutes is complete, true and co Anglea B. Qua FOR OFFICE USE ONL	c. Account Code d. Period Begin Balance \$ 632.00 ittee or Fund is in complist and that no funds are contract and that I have been alls Printed Name of Signer	ance wit mmingle trained	h all applicabled with prohib by the NC Sta	b. Purpose le provisions of the Board of Enture of Appoint	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of . I further certify that this report 10/27/2014 Date Delivery Method Normal Mail Registered Mail
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commit the NC General Statutes is complete, true and co Anglea B. Qua FOR OFFICE USE ONL Date Received:	c. Account Code d. Period Begin Balance \$ 632.00 ittee or Fund is in complist and that no funds are contract and that I have been alls Printed Name of Signer	ance wit mmingle trained	h all applicabled with prohib by the NC Star	b. Purpose le provisions of the Board of Enture of Appoint	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$. & 22D-22M of Chapter 163 of . I further certify that this report 10/27/2014 Date Delivery Method Normal Mail
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Committhe NC General Statutes is complete, true and co Anglea B. Qua FOR OFFICE USE ONL Date Received: Date Postmarked:	c. Account Code d. Period Begin Balance \$ 632.00 ittee or Fund is in complist and that no funds are contract and that I have been alls Printed Name of Signer	ance wit mmingle trained	h all applicabled with prohib by the NC State Sign	b. Purpose le provisions of the Board of Enture of Appoint	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/27/2014 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution Full Capital Bank b. Purpose Campaign funds control CERTIFICATION I certify that the Commit the NC General Statutes is complete, true and co Anglea B. Qua FOR OFFICE USE ONL Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Code 1 d. Period Begin Balance \$ 632.00 ittee or Fund is in complise and that no funds are contrect and that I have been alls Printed Name of Signer Y 10-27-14 orm cannot be used to am	ance with mmingle a trained	h all applicabled with prohibility the NC state Signature Signatur	de provisions of the Board of Enature of Appoint	of Article 22A, 22B, non-disclosed funds decidens.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/27/2014 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

Amendment

7 Ve

No

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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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	ort 3. ID Number				
Citizens for Barber	Third Quarter Plus	<u> </u>	ID4X20			
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 632.00	\$ 200.00			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30.00	\$ 30.00			
6) Contributions from Individuals	(CRO-1210)	\$ 8600.00	\$ 10,400.00			
7) Contributions from Political Party Committees	(CRO-1220)	\$ 250.00	\$ 250.00			
8) Contributions from Other Political Committees	(CRO-1230)	\$ 250.00	\$ 250.00			
9) Loan Proceeds	(CRO-1410)	\$	\$			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$			
11) Other Receipt Sources		ing a same of the				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-for-Profit Organization	ions <i>(CRO-1250)</i>	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$			
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$			
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 14	lc, 11d and 11e)	\$ 9130.00	\$ 10,930.00			
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 7992.32	\$ 9360.32			
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$			
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)	\$	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 7992.32	\$ 9360.32			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	otract line 18)	\$ 1769.68	\$ 1769.68			
ADDITIONAL INFORMATION			Tan Se F. Horston A. G. Walk 2020 200 7			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$				
25) Administrative Support	(CRO-1710)	\$	\$			
26) Forgiven Loans	(CRO-1440)	\$	- \$			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Yes 🔀

Amendment

No

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

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number									
		s for Barber						ID4X20		
3.	Cont	ributor Inforn	nation							
a.	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	·)	f. Amount		
	<u>]</u>]	Add Remove	1	Check		09/29/20	14	\$ 30.00		
F	1	Add				 				
	<u></u>	Remove	-			_		\$		
	<u>]</u> 1	Add Remove						\$		
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<u> </u>		Remove						 		
		l only this P					\$	30.00		
5. Total of ALL CRO-1205 Pages \$ 30.00										
(This lin	ie must be on line	5 of Detailed Sur	nmary Page CRO-1100)			<u> </u>	55.00		

Amendment Contributions from Individuals M No Pg of 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 Citizens for Barber ID4X20 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Alamance County Clerk of Court David, J.P. Barber Superior Court 1486 N. NC Hwy 87 c. Employer's Name/Specific Field Elon, NC 27244-9712 Alamance Couny NC Adm. Office of the Courts e. Election Sum to Date Phone: 336-584-8119 3100.00 f. Prior g. Account Code b. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount I Check 07/24/2014 \$ \$300.00 \Box 1 Check 08/08/2014 \$ 500.00 1 Check 08/19/2014 S 1000.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Alamance County Clerk of Court David J.P. Barber Superior Court 1486 N. NC Hwy 87 c. Employer's Name/Specific Field Elon, NC 27244-9712 Alamance County NC Adm. Office of the Courts e. Election Sum to Date Phone:336-584-8119 6100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 08/20/2014 \$ 2000.00 1 Check 09/10/2014 \$ 1000.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney, Private Practice Frank A. Longest, Jr 3453 Forestdale Dr e. Employer's Name/Specific Field Burlington, NC 27215 Holt, Longest, Wall, Blaetz, and Moseley Law Firm e. Election Sum to Date 336-227-7461 \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount

Contributions from Individuals

	Amendment									
Pg	2	of	3_		Yes	\boxtimes	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			
Citizens 1	for Barber	ID4X20										
3. Contri	ibutor Informatio	n		Add		Rem	iove					
a. Fuli Nan	ne, Mailing Address &	& Phone	·	b. Job Tit	b. Job Title/Profession			d. Comments	5			
	city, state, & zip)			Alamance County Clerk of Court				}				
David. J.l				Superio								
	NC Hwy 87			c. Employ			ecific Field					
Elon, NC	27244-9712			Alaman		•						
D1 32	26 604 0110			NC Ad	im. Of	fice of	the Courts	e. Election Si	um to Date			
Phone: 33	36-584-8119							\$	9100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	otion		j. Date (mm/dd/yy	(yy)	k. Amount			
	1	Check		 .			09/16/2	014	\$	1000.00		
	1	Check					09/25/2	2014	\$	2000.00		
						_			\$			
3. Contri	butor Informatio	n		Add		Rem	ove					
a. Full Nan	ie, Mailing Address &	k Phone		b. Job Tit	le/Prof	ession		d. Comments	3			
	city, state, & zip)			Self Em		d						
John M. J				Real Es]				
1619 Pine				c. Employ			cific Field					
Saxapaha	w, NC 27340			Jordan Properties								
DI	(27/ 2122							e. Election St	um to Date			
Phone:33	6-376-3132						\$	100.00				
f. Prior	g. Account Code	h. Form of Payment	i, In-K	(ind Descrip	tion		j. Date (mm/dd/yy	yy)	k. Amount			
	1	Check	<u> </u>				10/01/20	014	\$	100.00		
									\$			
				,					\$			
3. Contri	butor Informatio	n		Add		Rem	ove					
a. Full Nam	ie, Mailing Address &	k Phone		b. Job Tit				d. Comments		•••		
	city, state, & zip)			Attorne	y, Pri	vate Pr	actice					
	H. Humbert											
	le Beach Drive			c. Employ								
Medane,	NC 27302			Law Fir		ert, and	d Jennings	e. Election St	um to Data			
919-563-2	2611			Lawrii	111			e. Election St	ini to Date			
	1							\$	500.00			
f. Prior	g. Account Code	h, Form of Payment	i, In-K	and Descrip	tion		j. Date (mm/dd/yy	уу)	k, Amount			
	1	Check					10/06/20	014	\$	500.00		
									\$			
									\$			
4. Total	only this Page	<u> </u>						\$		3600.00		
5. Total	. Total of ALL CRO-1210 Pages											
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)											

		n Individuals vidual contributions o	ver \$50	or contribut	Pg ions unde	<u>3</u> of r \$50 if form CRG	<u>3</u> O 1205 is no	Amendment Yes t used	⊠ No
	 	and Fund if applical					2. ID Num		
Citizens	for Barber							ID4X20	
3. Contr	ibutor Informatio	n		Add [Rem	ove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/l	Profession		d. Comments	i	
	city, state, & zip)			Owner					
-	Holt , Jr.								
	319, May's Lake			c. Employer'					
Burningto	on, NC 27216			Holt Hosic	•	inc.	e. Election St	ım to Data	
Phone: 33	36-226-8850			Burlingtor		17	\$	100.00	-
f. Prior	g. Account Code	h. Form of Payment	i In-K	 (ind Descriptio	n	j. Date (mm/dd/yy	vv)	k. Amount	
			1. 10-11	ina Descripito					100.00
	1	Check				10/01/20)14 	\$	100.00
								\$	_
								\$	
3. Contr	butor Informatio	n		Add	Rem	ove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title/I	Profession		d. Comments		
(include	city, state, & zip)								
							ŀ		
				c. Employer'	s Name/Spe	citic Field			
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3. Contri	butor Informatio	n		Add	Rem	ove			
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(incłude	city, state, & zip)			_					
				F 1 1	N (0	*6" T1 11			
				c. Employer'	s (vame/Spe	CHIE FICIE			
							e. Election St	ım to Date	<u>-</u>
							\$		

i. In-Kind Description f. Prior j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment \$ \$ \$

4. Total only this Page \$ 100.00 5. Total of ALL CRO-1210 Pages

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

CRO-1210

\$

8600.00

Contributions from Political Party Committees

				Amendment						
Pg	<u>1</u>	of	1		Yes	\boxtimes	No			

Use this form to report contributions from a political party

	Name (and Fund if		2. ID Number							
Citizens for Barbo	er 								ID4X20)
3. Contributor In	formation			Add		Rer	nove			
a. Full Name, Mailing								b. Com	ments	
(include city, state, Alamance Couty c/o Allen Page 608 N. Okelly Av	Republican PA							c, Elect	tion Sum to Da	nte
Elon, NC 27244-9								\$	250.00	
	 -	 .						Ф	230.00	
d. Account Code	e. Form of Payment	f. In-Kind Desc	ription	l			g. Date (mm/dd/yyy	y)	h. Amount	
1	Check						08/28/2	014	\$ 250	.00
									\$	
			_		•				\$	
3. Contributor In	formation			Add		Ren	nove		l	-
a. Full Name, Mailing								b. Com	ments	1
(include city, state,	& zip)									
								c. Elect	tion Sum to Da	te
								\$		
d. Account Code	e. Form of Payment	f, In-Kind Descr	ription			-	g. Date		h. Amount	
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(include city, state,	& zip)									
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	· · · · · · ·								\$	
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4. Total only th	is Page	1			-			\$	250.00	
5. Total of ALI	CRO-1220 Page	es						\$	250.00	
(This line must be or	ı line 7 of Detailed Summa	ary Page CRO-1100)					Ψ	200.00	

Contributions from Other Political Committees

			Amendment
1	of	1	Yes

No

Use this form to report contributions from other candidate, referendum or PAC committees

	l Name (and Fund if applicable	e)					2. ID	Number	
Citizens for Barbe	er							ID4X20	
3. Contributor In	formation		Add	Re	emove				,
a. Full Name, Mailing			b. Type of C	Committee			d. Com	ments	
(include city, state,				Candidate	P/	AC			
Riddell for NC Ho				Referendum					
6343 Beale Rd BS				gistered (Specify					
Snow Camp, NC 2	27349-9607			Federal	=	ounty:	F14		
Phone: 336-222-1	303			State	ivi	lunicipality:	e. Elect	tion Sum to Da	te
			<u> </u>				\$	250.00	<u>. </u>
f. Account Code	g. Form of Payment	h. In-Kind	d Description		i. Date (n	mm/dd/yyyy)		j. Amount	
1	Check				10	0/01/2014		\$ 25	0.00
								\$	
								\$	
3. Contributor In	formation		Add	Re	move				
a. Full Name, Mailing	Address & Phone	_	b. Type of C	Committee			d. Com	ments	
(include city, state,	& zip)			Candidate	PA	4C			
				Referendum					
				gistered (Specify					
				Federal	=	ounty:			
				State	Mı	unicipality:	e. Elect	ion Sum to Da	te
		I					\$		
f. Account Code	g. Form of Payment	h. In-Kind	l Description		i. Date (n	nm/dd/yyyy)		j. Amount	
								\$	
								\$	
								\$	
3. Contributor Inf	formation		Add	Rei	move				
a. Full Name, Mailing			b. Type of C	Committee			d. Com	ments	
(include city, state, &	& zip)			Candidate	PA	VC			
		ļ		Referendum					
				gistered (Specify					
				Federal		ounty:			
			<u> </u>	State		unicipality:	e. Electi	ion Sum to Dat	ic
							\$		_
f. Account Code	g. Form of Payment	h. In-Kind	Description		i. Date (m	nm/dd/yyyy)		j. Amount	
								\$	
								\$	
								\$	
4. Total only this I	Page						\$	250.00	
5. Total of ALL C	RO-1230 Pages		-				\$	250.00	
(This line must be on	line 8 of Detailed Summary Page CRO	-1100)				•	Ф	230.00	

									Ameno	dment
Disbursements					Pg	<u>1</u>	of	<u>3</u>		Yes
	 _		_						 	_

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 Citizens for Barber ID4X20 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 Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Times-News PO Box 481 c. Level Registered (Specify) Burlington, NC 27215 Federal County: e, Election Sum to Date State Municipality: 336-226-4414 \$ 744.30 h. Purpose Code f. Account Code k. Required Remarks g. Form of Payment i. Date (mm/dd/yyyy) j. Amount Newspaper ads. 1 **A*** Check 07/18/2014 \$429.30 Newspaper ads. Check \$315.00 **A*** 07/25/2014 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Times-News c. Level Registered (Specify) PO Box 481 Burlington, NC 27215 Federal County: e. Election Sum to Date State Municipality: 336-226-4414 1638.26 f. Account Code g. Form of Payment h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount Newspaper ads. **A*** t \$259.48 Check 08/08/2014 Newspaper ads. Check **A*** 08/25/2014 \$634.48 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) The Alamance News 114 West Elm Street c. Level Registered (Specify) Graham, NC 27253 Federal County: State Municipality: e. Election Sum to Date 336-228-7851 521.98 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Newspaper ads. 1 Check **A*** 08/19/2014 \$182.32 Newspaper ads. Check A* 09/05/2014 \$339.66 5. Total only this Page 2160.24 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 7992.32 (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 D - To Another Candidate G - Political Party E - Salaries F* - Equipment H* - Holding Public Office Expenses K* - Office Expenses I - Postage J - Penalties Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)

Amendment **Disbursements** of <u>3</u> Pg

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

1. Committee F		2. ID Number								
Citizens for Bar		ID4X20								
3. Type of Disb		ise use separate C	CRO	-1310 forms for	each ty	pe of Disburser	nent.)			
Operating E	xpenses	Contributions to Ca	ındida	tes/Political Commi	ttees	C	oordinate	d Party Expenditures		
4. Payee Inform	nation		A	dd		Remove				
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Comr	nittee Na	ıme	d. Co	mments		
(include city, state,	& zip)									
Burlington Shri	ne Club									
PO Box 1602			с,	Level Registered (S	pecify)	_				
Burlington, NC	27216-1602			Federal		County:				
				State		Municipality:	e. Ele	ction Sum to Date		
336-227-0095							\$ 1	00.00		
f. Account Code	g. Form of Payment	h. Purpose Code	-} -	i. Date (mm/dd/yy	yy)	j. Amount	k. Re	quired Remarks		
1	Charle	O*		09/20/2014		6100.00	Spor	nser golf		
1	Check	U*		08/20/2014		\$100.00	hole	-charity		
		_				6	tourr	nament		
						\$	_			
4. Payee Information Add Remove										
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Comr	nittee Na	ıme	d. Co	mments		
(include city, state,	& zip)									
Van's Advertisi	ng Items,Signs									
& Printing			c.	Level Registered (S	pecify)	·				
3290 Van Dr.] Federal		County:	7			
Burlington, NC	27215			State		Municipality:	e. Ele	ction Sum to Date		
336-226-7400							\$ 1	900.41		
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yy		i Amount	l. Do	quired Remarks		
1. Account Code	g. rom or rayment	in turpose code		i. Date (initi/du/yy	33)	j. Amount		campaign		
1	Check	B*		08/04/2014	\$1489.59	signs				
1	Check	B*		08/11/2014		\$410.82	Print fans	campaign		
4. Payee Inform	ation	<u> </u>	A	dd	П	Remove	idiis			
	ng Address & Phone	<u> </u>		Coordinated Comp	nittee Na		d. Co	mments		
(include city, state,	-					· ·	1			
Times-News	C Esp)		1							
PO Box 481			c.	Level Registered (S	pecify)					
Burlington, NC	27215			Federal		County:				
			┨┝	State	Ħ	Municipality:	e. Ele	ction Sum to Date		
336-226-4414			=	· · · · · · · · · · · · · · · · · · ·			\$ 4	1495.71		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Re	quired Remarks		
1	Check	A*		09/05/2014		\$560.80	_	spaper ads.		
,	CI I			00/05/0011		02206.65	New	spaper ads.		
	Check	A*		09/25/2014		\$2296.65		· · ·		
5. Total only th							\$	4857.86		
	CRO-1310 Pages	B								
_	line 13a of Detailed Sun	-				1.0	\$	7992.32		
	line 13b of Detailed Sun									
	line 13c of Detailed Sun				хрепани	resj				
<u>-</u>	es (List detailed ex		<u> </u>			D To A	nar (****	lidata .		
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic				D - To Anot H* - Holdin		odate Office Expenses		
I - Postage	J - Penalties	K* - Offi						gal Expense Fund		
O* - Other		22 311				₹ Donati		o		
* Codes requir	* Codes require detailed explanation in required remarks field (k)									

	Amendment						
Disbursements	Pg	<u>3</u>	of <u>3</u>		Yes	\boxtimes	No
ice this form to report expanditures from the committee for an experience				4 - / 124	1		

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

1. Committee 1	Full Name (and Fur	id if applicable)						2. ID Number	
Citizens for Barber								ID4X20	
3. Type of Dist	oursement (Ple	ase use separate (CRe	0-1310 forms for	each t	ype of Disburse	ment.)	<u> </u>	
Operating				dates/Political Commi				d Party Expenditures	
4. Payee Inform	nation		I	Add		Remove			
a. Full Name, Mai	ling Address & Phone		ŀ	b. Coordinated Committee Name			d. Comments		
(include city, state	, & zip)								
Mebane Enterp	orise	 	٦						
106 North 4th S	Street		C	c. Level Registered (Specify)					
Mebane, NC 2'	Mebane, NC 27302		П	Federal County:			7		
			State		Municipality: e. El		Hection Sum to Date		
919-563-3555							\$ 4	450.75	
f. Account Code	g. Form of Payment	h. Purpose Code	[i. Date (mm/dd/yyyy) j. Amount		j. Amount	k. Re	quired Remarks	
1	Check A* 09/11/2014		• • •	\$450.75	Newspaper ads.				
				-		\$			
4. Payee Inform	nation	Т. П		\ \dd	П	Remove			
	ing Address & Phone			. Coordinated Comr	nittee N		d. Co	mments	
(include city, state	.,						1		
The Alamance									
114 West Elm	Street		c	. Level Registered (S	pecify)		_		
Graham, NC 27	7253		П	Federal	ÌΠ̈́	County:	7		
				State		Municipality:	e. Ele	ection Sum to Date	
336-228-7851							\$	1045.45	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	Date (mm/dd/yyyy) j. Amount		k. Re	quired Remarks	
1	Check	A*		09/17/2014		\$523.47	Newspaper ads.		
						\$			
4. Payee Inform	nation			\dd	П	Remove			
	ing Address & Phone		-	b. Coordinated Committee Name			d. Co	mments	
(include city, state,	=		F				1		
(menue city, binte,			1						
		c. Level Registered (Specify)					-		
			Federal County:			7			
			Municipality:	e. Ele	ction Sum to Date				
			-				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	Т.	i. Date (mm/dd/yy)	yy)	j. Amount		quired Remarks	
						\$		·	
						\$	-		
] [®]			
5. Total only th							\$	974.22	
(This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun	nmary Page CRO-116	00 if	Contrib to Candidate	s/Politic		\$	7992.32	
	es (List detailed ex								
A* - Media B* - Printing C* - Fundraising E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expenses O* - Other				D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund					
* Codes requir	e detailed explanat	ion in required r	ema	arks field (k)					