Disclosure I	Report Cover
--------------	--------------

Amendment

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		<b>苏格尔斯斯斯斯特特斯特</b>
a. Full Name		c. ID Number
Committee to Ele	et Eddie Boswell	
b. Mailing Address (include City, State and Zip Code	e)	d. Date Filed
3340 Red Wolf W. Burlington No	ar	717114
Burlington No	27215	e. Phone Number
		336-222-8071
2. Report Year 3. Period Start Date (mm/dd	/yy) 4. Period End Date (mm/dd/yy) 5. Treasu	rer Full Name
2014 2/05/214	1,30/2014 Eddi	e Roswell
6. Type of Committee (Check One)	9. Type of Report '(check only one type of rep	
Candidate Campaign Party	Municipal State/County	Referendum
PAC Referendum Independent Expenditure Joint Fundraiser	Organizational Organizational	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser☐ Legal Expense Fund	Thirty-five day Quarterly Pre-primary First	Pre-referendum
Legal Expense Fund	Pre-primary First Second	Final
7. Type of Fund (if applicable, check one)	Pre-runoff Second	Supplemental Final Annual
Booster Fund	Semi-annual Fourth	Special
☐ Building Fund	Mid Year Semi-annual	Special
	Year End Mid Year	10. Special Report Name
Other:	Final Year End	10. Special Report Ivame
8. Number of Fundraisers this Report	Special Final	
	Special	
11. Account Information	11. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name	AND MADE AND AND AND ASSESSMENT OF A STATE O
Λ	in 1 manetal historian in 1 tame	
American Natrona	Bank	
b. Purpose c. Account Co	de b. Purpose	c. Account Code
2 Kpanditures 7 Compaign Fund. Period Begi		
9 Campaign Fund. Period Begi	in Balance	d. Period Begin Balance
\$ 6	7	\$
CERTIFICATION	D	
A CONTRACTOR OF THE CONTRACTOR		NR 6 200 2014 6 61
	ance with all applicable provisions of Article 22A, 22	
	commingled with prohibited or other non-disclosed to we been trained by the NC State Board of Elections.	funds. I further certify that this
	we been trained by the IVE State Board of Elections.	/
SII 3 R 25112011	11.1. R. 1/1	7/1/14
Printed Name of Signer	Signature of Appointed Treasurer	- // Date
FOR OFFICE USE ONLY		, Date
7011	- 1C De	elivery Method
Date Received: 1-8-14	_ Employee: UG De	Normal Mail
Data Postmarkadi	E-malessas	Registered Mail
Date Postmarked:	_ Employee:	Hand Delivered
Date Scanned:	Employee:	Electronically Filed
Date Scallied.		
Date Data Entered:	Employee:	Signer has not received mandatory training
Please Note: This form cannot be used	to amend committee information such as the cor	nmittee address, treasurer,
	stodian of books information, or account inform	
	of Organization (CRO-2100A-E) to make comm	

CRO-1000

NC State Board of Elections

August 2008

Amendment

 $\times$ No

**Detailed Summary**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 mid year			3. ID Nu	mber
Committee to Elect Eddie Boswell					
Start of Election Cycle: January 1,	2011		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	0	\$	0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	<u>i de la compania de</u>	\$	<u> </u>
6) Contributions from Individuals	(CRO-1210)	\$	1100.00	\$	1100.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	200.00	\$	200.00
9) Loan Proceeds	(CRO-1410)	\$	99.00	\$	99.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources					de la companya de la
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizat	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, 1	lc, 11d and 11e)	\$	1399.00	\$	1399.00
<u>EXPENDITURES</u>			5-15-16-16-16-16-16-16-16-16-16-16-16-16-16-		
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	1037.83	\$	1037.83
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		\$	1037.83	\$	1037.83
19) Cash on Hand at End (Add lines 4 and 12 together, then suf	btract line 18)	\$	361.17	\$	361.17
ADDITIONAL INFORMATION		<u> </u>	grade State State of the		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	,	\$			
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)	\$	<u> </u>	\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

Amendment **Disbursements** Pg of <u>2</u>

 $\boxtimes$ 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	2. ID Number								
Committee to elect Eddie Boswell									
3. Type of Disb	ursement <u>(Plea</u>	se use separate C	RO	-1310 forms for	each ty	pe of Disburser	nent.)	•	
Operating E				ntes/Political Commit				d Party Expenditures	
4. Payee Inform	ation		A	dd		Remove			
a. Full Name, Maili	ng Address & Phone		Тb.	Coordinated Comm	nittee Na		d. Co	mments	
(include city, state,				<del></del>					
Alamance Coun			1						
Elections	,			Level Registered (S	necify)	<del></del>	-		
115 S. Maple St			-	Federal	$\boxtimes$	County:	⊣		
Graham NC 272			-	State		-	a Ele	odine Sum to Date	
570-6755	.55		<del></del>		_ᆜ	Municipality:	e. Eit	ection Sum to Date	
370-0733							\$ 9	99.00	
£ 4 4 C- 4-	- F CD	h. Purpose Code	١	1.75		r :	+		
f. Account Code	g. Form of Payment	n. rai pose Code	$\dashv$	i. Date (mm/dd/yyy	yy)	j. Amount		quired Remarks	
1	check	0		02/25/2014		\$99.00	Filin	g fee	
· <del></del>							_	=-	
						\$			
						L <u>"</u>			
4. Payee Inform	ation	$\boxtimes$	A	dd		Remove			
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Comm	ittee Na	me	d. Co	mments	
(include city, state,	& zip)								
Graham Cinema	l								
119 N. Main St.			c.	Level Registered (S)	pecify)		7		
Graham NC 272	253			Federal	Ø	County:	7		
226-1488				State	Ä	Municipality:	e. Ele	ection Sum to Date	
220 1.00			1	] 51414		Marnotpanty.	+	Color Sum to Duce	
							\$ 1	115.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	yy)	j. Amount	k. Re	quired Remarks	
1	check	A		4/22/2014		\$115.00	adve	rtising	
	CHECK	n.		4/22/2014		\$115.00			
						\$			
							1.		
4. Payee Inform	ation	$\boxtimes$				Remove	-		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Co	mments		
(include city, state,	& zip)						1		
The Alamance N	News								
114 W. Elm St.			c. Level Registered (Specify)						
Graham NC 272	253		Federal County:						
228-7851				State	$\Box$	Municipality:	e. Ele	ction Sum to Date	
				<del></del>			\$	199.80	
f. Account Code	g. Form of Payment	h. Purpose Code	L.,	i. Date (mm/dd/yyy	7V)	j. Amount	ļ	quired Remarks	
	B. rom or rayment	pose come	+	Date (mm/uu/yyy	3)	1. trinoant	_	rtising	
1	check	Α		4/22/2014		\$199.80	auve	rusing	
				<del>.</del>			+		
						\$			
5. Total only thi	s Page					-	\$	413.8 <i>0</i>	
	CRO-1310 Pages					· · · · · · · · · · · · · · · · · · ·	:		
	line 13a of Detailed Sun	mary Page CRO-110	0 if C	Operating Expenses)					
_	line 13b of Detailed Sun		_		s/Politica	ıl Conım)	\$		
	line 13c of Detailed Sum					•		1037.83	
	es (List detailed ex			<del></del>	,	<del>-                                    </del>		1001.00	
A* - Media	B* - Printing	C* - Fund				D - To Anot	er Cand	lidate	
E - Salaries	F* - Equipment	G - Politic						Office Expenses	
I - Postage	J - Penalties	K* - Offic		•				gal Expense Fund	
O* - Other			,	F		₹ ≥omiti		D	
* Codes require	detailed explanati	on in required re	ema	rks field (k)					

Disbursements

Pg <u>2</u>

of <u>2</u>

Amendment Yes

N

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)

	dii Maine (anu run	u ii applicable)				2. ID Number
	elect Eddie Boswell					
3. Type of Disb			CRO-1310 forms for			
Operating E			andidates/Political Commit	ttees	<del> </del>	pordinated Party Expenditures
4. Payee Inform	·-···		Add		Remove	
	ling Address & Phone		b. Coordinated Comm	nittee N	ame	d. Comments
(include city, state,						Ţ
The Times New	√S					
P.O Box 481			c. Level Registered (S	pecify)		7
Burlington NC	27216		Federal	$\boxtimes$	County:	1
			State		Municipality:	e. Election Sum to Date
						\$ 438.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	уу)	j. Amount	k. Required Remarks
1	check	A	4/24/2014	_	\$438.03	advertising
					\$	
4. Payee Inform	nation		Add			
		<u>LY</u> _	·	<u>البا</u> ۱۹۹۰۰ Nr	Remove	1
	ing Address & Phone		b. Coordinated Comm	littee ina	ame	d. Comments
(include city, state,	& zip)		_			
WPCM					<u> </u>	
1109 Tower Dr.			c. Level Registered (Sp			
Burlington NC 2	27215		Federal Federal	$\boxtimes$	County:	
			State		Municipality:	e. Election Sum to Date
						\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	vy)	j. Amount	k. Required Remarks
1	check	A	5/1/2014		\$150.00	advertising
					\$	
4. Payee Inform	agtion	<u> </u>	Add		Remove	
	ing Address & Phone		b. Coordinated Comm	nittee Ns		d. Comments
	•		D. COULUMATER COM.	attee is a	inie	·   · · · · · · · · · · · · · · · · · ·
(include city, state, and American Nation			7			K checking fees
	nai bank		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4
S Church St.	·-		c. Level Registered (Sp			
Burlington NCK	•		Federal	$\boxtimes$	County:	
			State		Municipality:	e. Election Sum to Date
				_		\$ 36.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	(V)	j. Amount	k. Required Remarks
				,	\$	" fface EXP
					ф.	7 7 7 7 0
* " and a substitution of the	<u></u>	<u> </u>			\$	
5. Total only thi		<del></del>				\$ 624.03
(This line goes in a	CRO-1310 Pages line 13a of Detailed Sum					ф. 103 <b>7 0</b> 3
			0 if Contrib to Candidates.			\$ 1037.83
			0 if Coordinated Party Exp	pe <u>nditu</u>	res)	
7. Purpose Code	es (List detailed exp	penditure code in	(h.) above)			
A* - Media	B* - Printing	C* - Fund		***************************************	D - To Anoth	er Candidate
E - Salaries	F* - Equipment					Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses		Q* - Donatio	n to Legal Expense Fund
O* - Other						
* Codes require	e detailed explanation	on in required re	emarks field (k)			

## **Contributions from Individuals**

				Amei	ndment		
Pg	2	of	2		Yes	$\boxtimes$	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	iittee Full Name (	and Fund if applica	ble)					2. ID Num	ber	
Committee to Elect Eddie Boswell										
3. Contri	ibutor Informatio	n	$\boxtimes$	Add [		Rem	ove	h		
	ne, Mailing Address &	& Phone	•	b. Job Title	e/Prof	ession		d. Comments	<u> </u>	
<del></del>	city, state, & zip)			owner						
Ron Stan	-			<u></u>				ļ		ļ
	ck Bear Cove			c. Employe			cific Field	ļ		
336-513-	on NC 27215			Fire Equ			- 310	e. Election Su	4- Data	
350-315-	0374			Broad St	t. bui	Inglor	INC			-
							;	\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descript	tion		j. Date (mm/dd/yy)	уу)	k. Amount	
	1	check					5/01/20	14	\$	250.00
									\$	
			1						\$	
3. Contri	ibutor Informatio	)n		Add [		Rem	ove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title	e/Prof			d. Comments	,	
	city, state, & zip)			owner						
John Jord				<u></u>						1
1616 Jord	lan Dr.			c. Employe	c. Employer's Name/Specific Field					-
Saxapaha	w NC 27430			Jordan Properties						
336-376-3				•			e. Election Sum to Date			
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. ln-K	ind Descript	tion		j. Date (mm/dd/yyy	( <u>yy</u> )	k. Amount	
	1	check	1				5/15/20		\$	100.00
			+		<del></del>				\$	
$-\frac{\square}{\square}$			+						\$	
3 Contri	ibutor Informatio	<u> </u>	╧	Add		Rem			L -	
	ne, Mailing Address &			b. Job Title	e/Prof		DVE	d. Comments		
	city, state, & zip)	• I Home		D. 000 11				41 001		
				ĺ						
				c. Employer's Name/Specific Field			cific Field			
								e. Election Su	ım to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	tion		j. Date (mm/dd/yy)	yy)	k. Amount	
									\$	
									\$	_
									\$	
4. Total	only this Page	е						\$		350.00
5. Total	of ALL CRO	-1210 Pages						\$		1100.00
(This line	e must be on line 6 of l	Detailed Summary Page C	:RO-1100)	)				Ψ		1100.00

		n Individuals vidual contributions o	over \$50	or contril	Pg outions unde	<u>1</u> of er \$50 if form CR0	<u>1</u> O 1205 is no	Amendment Yes t used	No No
		and Fund if applica		or contin	Junionia unide		2. ID Num	<del></del>	
	ee to Elect Eddie E								
3. Contri	butor Informatio	n	$\boxtimes$	Add	Rem	nove	•		·
a. Full Nan	ne, Mailing Address é	k Phone		b. Job Tit	le/Profession		d. Comments	s	
	city, state, & zip)			retired					
Regina D									
	mrock Dr.			c. Employ	er's Name/Spe	ecific Field			
_	n NC 27215								
336-227-	3297						e. Election S	um to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion	j. Date (mm/dd/yy	<u> </u> уу)	k. Amount	
	1	check				4/24/20	14	\$	200.00
				·				\$	· · · · · · · · · · · · · · · · · · ·
				·			···	\$	
3. Contri	butor Informatio	)N		Add	Ren	nove			
	ie, Mailing Address &			,	le/Profession		d. Comments	s	
(include	city, state, & zip)			retired					
Anthony	Ferrita			1					
	coon Run			c. Employ	er's Name/Spe	ecific Field			
Burlingto									
336-221-	0985						e. Election St	um to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/yy	l уу)	k. Amount	
	1	check				4/22/20	14	\$	500.00
				· · · · · · · · · · · · · · · · · · ·				\$	
								\$	
3. Contri	butor Informatio	n		Add	Rem	iove		<u> </u>	
a. Fuli Nan	ie, Mailing Address &	k Phone		b. Job Tit	te/Profession		d. Comments	s	
(include	city, state, & zip)			owner c	onstruction	co.			
Gail Bosy	well								
					er's Name/Spe ers daughter				
				Carpen	ers daugnter	Const.	e. Election S	um to Date	
							\$	50.00	
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				3/03/20	14	\$	50.00
								\$	
	1	1	1			1		1 .	

\$

\$

750.00

1100.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

Contributio	ons from Other Poli	itical Com	mittees	Pg <u>1</u> of	1	Amendment ☐ Yes ⊠ No
	report contributions from oth				<del>-</del>	
	ull Name (and Fund if apple ect Eddie Boswell	icable)			2. ID	Number
3. Contributor l	Information	×	Add	Remove	<u> </u>	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Build Pac NC Homebuilders PO box 99090 Raleigh NC			b. Type of Committee Candidate Referendur c. Level Registered (Sp Federal State	M PAC	d. Com e. Elect	tion Sum to Date
f. Account Code	g. Form of Payment	h, In-Kir	nd Description	i. Date (mm/dd/yyyy	 ')	j. Amount
1	check		-	5/30/2014		\$ 200.00
						\$
					<del></del>	\$
3. Contributor I	Information ng Address & Phone		Add b. Type of Committee	Remove	d. Com	
(include city, state	e, & zip)		Candidate Referendum c. Level Registered (Sp Federal State			tion Sum to Date
f. Account Code	g. Form of Payment	h. In-Kir	nd Description	i. Date (mm/dd/yyyy)	\$	j. Amount
			· · · · · ·		<u> </u>	\$
						\$
						\$
3. Contributor I			Add 🗌	Remove	<del></del>	
a. Full Name, Mailing (include city, state	ng Address & Phone e, & zip)		b. Type of Committee Candidate Referendum c. Level Registered (Sp Federal State	PAC	d. Com	tion Sum to Date
f. Account Code	g. Form of Payment	h. In-Kir	nd Description	i. Date (mm/dd/yyyy)	<u> </u>	j. Amount
				1		\$
		I '				

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

\$

4. Total only this Page \$ 200.00

5. Total of ALL CRO-1230 Pages \$ 200.00

(This line must be on line 8 of Detailed Summary Page CRO-1100)

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	me (and Fund if applica	able)			2. ID Num	ber		
Committee to Elect E	ddie Boswell							
27 7 7 7 7		<u> </u>						
3. Lender Informatio			Add	<u>. Ll</u>		Remove		
a. Full Name, Mailing Add (include city, state, & zig			b. Job Title/Profes	sion		d. Comments		
Eddie Boswell	<u>, , , , , , , , , , , , , , , , , , , </u>		owner					
3340 Red Wolf Way						e. Start Date (mm/dd/yyyy)		
Burlington NC 27215			c. Employer's Nan	1e/Specific Field				
Ť			Boswell constr		<del></del>	2/25/2014		
						f. End Date (mm/dd/yyyy)		
						11/30/2014		
g. Rate	h. Security Pledged	i	. Account Code	j. Form of Pa	yment	k. Amount		
%			1	check		\$ 99.00		
i						<u> </u>		
I. Full Name of Lending In	stitution		<del></del>	<del> </del>	m. Loa	n Number		
4. Endorsers/Makers	(The people who gu	arantee the	· loan.)					
a. Full Name, Mailing Add			b. Job Title/Pro	fession	c. Emp	loyer's Name/Specific Field		
(include city, state, & zij	o)	_						
			d Description					
			d. Percentage		e. Amo	<u>nnt</u>		
				ļ	% \$			
a. Full Name, Mailing Add	ress & Phone		b. Job Title/Pro	fession	c. Emp	c. Employer's Name/Specific Field		
(include city, state, & zij	)							
			d. Percentage		e. Amo	unt		
			u. rereinage			unt		
				!	% \$			
a. Full Name, Mailing Add			b. Job Title/Pro	fession	c. Emp	loyer's Name/Specific Field		
(include city, state, & zi	n)		_					
			d. Percentage		e. Amo	unt		
				,	% \$			
o Euli Nomo Molling Add	wass & Dhana	, <del></del>	b. Job Title/Pro	faccion	a Empl	loyer's Name/Specific Field		
a. Full Name, Mailing Add (include city, state, & zij			0. 300 Title/110	iession	C. Emp	oyer s (vame/specific riciu		
(Merade eres), Blaze, ea 27	<i>'</i>							
			d. Percentage		e. Amo	unt		
				•	% \$			
5. Total of ALL C	RO-1410 Pages		<del>- L</del>		an an	00.00		
	9 of Detailed Summary Page	CRO-1100)	1		\$	99.00		