

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 Eddie Boswell	c. ID Number
b. Mailing Address (include City, State and Zip Code) 3340 Red Wolf Way urlington NC 27215	d. Date Filed 10/27/2014
	e. Phone Number 336-222-8070

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 07/01/2014	4. Period End Date (mm/dd/yy) 10/18/2014	5. Treasurer Full Name Eddie Darrell Boswell
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name American National Bank		a. Financial Institution Full Name	
b. Purpose Campaign account for expenditures and receipts	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 261.17		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.

Eddie D. Boswell Eddie Boswell 10/27/14
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10-27-14 Employee: JG **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ 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 Eddie Boswell		3rd Quarter			
Start of Election Cycle: January 1,		2014		Total this Reporting Period	
4) Cash on Hand at Start		\$ 261.17		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 150.00		\$ 150.00	
6) Contributions from Individuals (CRO-1210)		\$ 2100.00		\$ 3200.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 500.00		\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 200.00		\$ 300.00	
9) Loan Proceeds (CRO-1410)		\$		\$ 99.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
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, 11c, 11d and 11e)		\$ 3025.00		\$ 4324.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3125.69		\$ 4163.52	
13b) Contributions to Candidates/Political Committees (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, 15, 16 and 17)		\$ 3125.69		\$ 4163.52	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 160.48		\$ 160.48	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
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)		\$		\$	

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 Eddie Boswell							
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	
Regina Donaldson 1213 Shamrock DR. Burlington, NC 27215 336-227-3297				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 300 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	1	Check		4/24/2014		\$ 200 ⁰⁰	
<input type="checkbox"/>	1	Check		9/16/2014		\$ 100 ⁰⁰	
<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	
Anthony Ferrita 3024 Raccoon Run Burlington, NC 27215 336-221-0985				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1000 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	1	Check		4/24/2014		\$ 500 ⁰⁰	
<input type="checkbox"/>	1	Check		9/16/2014		\$ 500 ⁰⁰	
<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	
Gail Boswell 3340 Red Wolf Way Burlington, NC 336-222-8070				OWNER			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 50 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	1	Check		3/03/2014		\$ 50 ⁰⁰	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1350 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$ 3275 ⁰⁰	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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 Eddie Boswell							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Elisabeth Deyton 1207 Shamrock Dr Burlington, NC 27215 336-227-1818				Retired			
				c. Employer's Name/Specific Field			
				KMART			
						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		10/4/2014		\$ 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	
John Jordan PO Box 128 Saxapahaw, NC 27340 336 376 3132				OWNER			
				c. Employer's Name/Specific Field			
				Jordan Properties			
						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 checked="" type="checkbox"/>	1	Check		5/15/2014		\$ 100 ⁰⁰	
<input type="checkbox"/>	1	Check		9/15/2014		\$ 100 ⁰⁰	
<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	
Ron Stanley 3405 Black Bear Cove Burlington, NC 27215 336-513-0374				OWNER			
				c. Employer's Name/Specific Field			
				Fire Equipment Co Broad St. NC			
						e. Election Sum to Date	
						\$ 250 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	1	Check		5/01/2014		\$ 250 ⁰⁰	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550 ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$ 3275 ⁰⁰	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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 Eddie Boswell						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK BELL 1411 Boone Rd Burlington, NC 27217			Business owner			
			c. Employer's Name/Specific Field Bell Conv. Stores			
					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		9/2/2014	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Allen Gant 1022 W. Davis St Burlington, NC 27215			CEO			
			c. Employer's Name/Specific Field Glen Raven Mills			
					e. Election Sum to Date \$ 1000 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		9/15/2014	\$ 1000 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ron Wrightenberry 1235 Johnson Rd Burlington, NC 27217 336 213 2697			OWNER			
			c. Employer's Name/Specific Field Lawn Service Complete			
					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	Check		10/1/2014	\$ 200 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1300 ⁰⁰	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3275 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 Eddie Boswell						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Phillip Beaman 5008 Windsor Ct Elon, NC 27244			Retired			
			c. Employer's Name/Specific Field Teacher			
					e. Election Sum to Date	
					\$ 75 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		5/6/2014		\$ 75 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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 75 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 3275 ⁰⁰	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Political Party Committees

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to elect Eddie Boswell					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Alamance Republican Party PO Box 69 Alamance, NC 27201					
				c. Election Sum to Date	
				\$ 500 ⁰⁰	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		9/2/2014	\$ 500 ⁰⁰	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 500 ⁰⁰	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 500 ⁰⁰	

Contributions from Other Political Committees

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to elect Eddie Boswell					
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Build Pac NC Homebuilders PO box 99090 Raleigh NC		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 300.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	check		5/30/2014	\$ 100.00	
1	check		9/19/2014	\$ 200.00	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 300.00	
5. Total of ALL CRO-1230 Pages				\$ 300.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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 Eddie Boswell					
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
Alamance Co. Board of 115 S. Maple St Graham, NC 27253 570-6755			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 99. ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	2/25/2014	\$ 99. ⁰⁰	Filing Fee
				\$	
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
Graham Cinema 119 N. Main St Graham, NC 27253 226-1488			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 205. ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	4/22/2014	\$ 115. ⁰⁰	advertising
1	Check	A	8/14/2014	\$ 90. ⁰⁰	advertising
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 W. Elm St Graham NC 27253 228-7851			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 799.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	4/22/2014	\$ 199.80	advertising
1	Check	A	9/30/2014	\$ 599.97	advertising
5. Total only this Page					\$ 1103.77
6. Total of ALL CRO-1310 Pages					\$ 4163.52
<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	
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 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 Eddie Boswell					
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 P.O Box 481 Burlington, NC 27216					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 1369.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	4/24/2014	\$ 438. ⁰³	Advertising
1	Check	A	9/29/14	\$ 931. ¹²	Advertising
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Van's Advertising 3290 Van DR Burlington, NC 27215 226-7400					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 1288.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	9/16/2014	\$ 1288.43	Signs Advertising
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 DR. Burlington, NC 27215					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 150. ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A.	5/1/2014	\$ 150. ⁰⁰	Advertising Radio
5. Total only this Page					\$ 2807.58
6. Total of ALL CRO-1310 Pages					\$ 4143.52
<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	
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 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 Eddie Boswell					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<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	
American National Bank 2 Church St Burlington, NC 27215		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 36.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	4/30/2019	\$ 36.00	Check Chg
				\$	
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	
Markell Printing 718 2 DAVIS ST Burlington, NC 27216		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 216.17	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/7/14	\$ 216.17	Pens Advertising
				\$	
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	
		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:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 252.17
6. Total of ALL CRO-1310 Pages					\$ 4163.52
(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 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)					