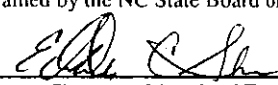
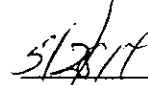


Disclosure Report Cover

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 Vote 4 Shoe | | c. ID Number | | | | |
| b. Mailing Address (include City, State and Zip Code) 212 N Ninth St Mebane NC 27302 | | d. Date Filed 04/28/2014 | e. Phone Number 919-568-8658 | | | |
| 2. Report Year 2014 | 3. Period Start Date (mm/dd/yy) 02/08/2014 | 4. Period End Date (mm/dd/yy) 04/19/2014 | 5. Treasurer Full Name Eddie C Shoe | | | |
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund | | 9. Type of Report (check only one type of report from one category) <table style="width:100%;"> <tr> <td style="width:33%;"> 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 </td> <td style="width:33%;"> State/County <input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width:33%;"> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table> | | 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 Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| 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 Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | | | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | 10. Special Report Name | | | | |
| 8. Number of Fundraisers this Report | | | | | | |
| 11. Account Information | | 11. Account Information | | | | |
| a. Financial Institution Full Name Capital Bank | | a. Financial Institution Full Name | | | | |
| b. Purpose Commissioner Race Campaign Funds | c. Account Code 1 | b. Purpose | c. Account Code | | | |
| | d. Period Begin Balance \$ 100.00 | | 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 C Shoe Printed Name of Signer | |  Signature of Appointed Treasurer |  Date | | | |
| FOR OFFICE USE ONLY | | | | | | |
| Date Received: 5-28-14 | Employee: JG | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | | | | |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Signer has not received mandatory training | | | | |
| Date Scanned: _____ | Employee: _____ | | | | | |
| Date Data Entered: _____ | Employee: _____ | | | | | |
| 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. | | | | | | |

05-28-14

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 | |
|--|------------|-------------------|-----------------------------|---------------------------|--|
| Vote 4 Shoe | | 1st Quarter | | | |
| Start of Election Cycle: January 1, 2011 | | | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | | | \$ 100.00 | \$ -0- | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 425.00 | \$ 425.00 | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 651.16 | \$ 775.76 | | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ | | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ | | |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ 262.92 | | |
| 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) | \$ | \$ | | |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ | | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 1076.16 | \$ 1463.68 | | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 277.06 | \$ 439.98 | | |
| 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) | \$ 551.16 | \$ 675.76 | | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 828.22 | \$ 1115.74 | | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 347.94 | \$ 347.94 | | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 262.92 | | | |
| 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-2220) | \$ | \$ | | |
| 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) Vote 4 Shoe | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Eddie C Shoe 212 N Ninth St Mebane NC 27302 919-568-8658 | | | | b. Job Title/Profession Disabled | | d. Comments |
| | | | | c. Employer's Name/Specific Field Disabled | | |
| | | | | | | e. Election Sum to Date \$ 394.32 |
| f. Prior <input type="checkbox"/> | g. Account Code 1 | h. Form of Payment Visa | i. In-Kind Description Business Card Holders | j. Date (mm/dd/yyyy) 02/18/2014 | k. Amount \$ 28.63 | |
| <input type="checkbox"/> | 1 | Visa | Card Holders/Office Supply | 02/20/2014 | \$ 75.69 | |
| <input type="checkbox"/> | 1 | Visa | Campaign Signs | 03/24/2014 | \$ 290.00 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Eddie C Shoe 212 N Ninth St Mebane NC 27302 919-568-8658 | | | | b. Job Title/Profession Disabled | | d. Comments |
| | | | | c. Employer's Name/Specific Field Disabled | | |
| | | | | | | e. Election Sum to Date \$ 486.16 |
| f. Prior <input type="checkbox"/> | g. Account Code 1 | h. Form of Payment Visa | i. In-Kind Description Facebook Ads | j. Date (mm/dd/yyyy) 04/10/2014 | k. Amount \$ 37.76 | |
| <input type="checkbox"/> | 1 | Visa | Facebook Ads | 04/11/2014 | \$ 54.08 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Gary Massey 1965 Sandy Cross Rd Burlington NC 27217 | | | | b. Job Title/Profession Security | | d. Comments |
| | | | | c. Employer's Name/Specific Field JR'S Tobacco | | |
| | | | | | | e. Election Sum to Date \$ 65.00 |
| f. Prior <input type="checkbox"/> | g. Account Code 1 | h. Form of Payment | i. In-Kind Description Used sign wires | j. Date (mm/dd/yyyy) 03/18/2014 | k. Amount \$ 65.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 551.16 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 651.16 | |

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 | |
| Vote 4 Shoe | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) John W Daniel 3144 Lake Latham Circle Dr Mebane NC 27302 919-563-9056 | | | b. Job Title/Profession Retired | | d. Comments | |
| | | | 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 | | 02/19/2014 | \$ 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 | |
| | | | 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 | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 651.16 | |

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) Vote 4 Shoe | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Eddie C Shoe 212 N Ninth St Mebane NC 27302 919-568-8658 | | b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 394.32 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Business Card Holders | | 02/18/2014 | \$ 28.63 |
| Business Card Holders | | 02/20/2014 | \$ 75.69 |
| Campaign Signs | | 03/24/2014 | \$ 290.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Eddie C Shoe 212 N Ninth St Mebane NC 27302 919-568-8658 | | b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 486.16 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Facebook Ad Payment | | 04/10/2014 | \$ 37.76 |
| Facebook Ad Payment | | 04/11/2014 | \$ 54.08 |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Gary Massey 1965 Sandy Cross Rd Burlington NC 27217 336-570-0386 | | b. Type of Contributor <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 | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 65.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Used sign Wires | | 03/18/2014 | \$ 65.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 551.16 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 551.16 |

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 | |
| Vote4Shoe | | | | | | |
| 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 |
| Facebook Inc P. O. box 1005 PalO Alto, CA 94303 650-453-6800 | | | | 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 \$ 47.01 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit | A | 03/12/2014 | \$ 21.46 | Facebook Ads | |
| 1 | Debit | A | 03/24/2014 | \$ 25.55 | Facebook 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 |
| Facebook Inc P.O. Box 1005 Palo Alto, CA 94303 650-453-6800 | | | | 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 \$ 87.46 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit | A | 03/27/2014 | \$ 6.99 | Facebook Post Promote | |
| 1 | Debit | A | 04/01/2014 | \$ 33.46 | Facebook 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 |
| Office Max 3121 Garden Rd Burlington, NC 27215 336-538-0999 | | | | 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 \$ 35.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit | A | 02/27/2014 | \$ 35.00 | Card Holders | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 122.46 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 277.06 | |
| <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

Form with sections: 1. Committee Full Name (and Fund if applicable), 2. ID Number, 3. Type of Disbursement, 4. Payee Information, 5. Total only this Page, 6. Total of ALL CRO-1310 Pages, 7. Purpose Codes. Includes details for disbursements to Office Depot, Google Ad Words, and Staples.