Amendm	ent	
X Yes		No
	datailad	farm

Disclosure Report Cover

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						c. ID Number	
Vote 4 Shoe							
b. Mailing Address (include City,	State and Zip Code)					d. Date Filed	
212 N Ninth St						04/28/2014	
Mebane NC 27302						e. Phone Number	
						919-568-8658	
2. Report Year 3. Period St	art Date (mm/dd/yy)	4. Period l	End Date (mi	m/dd/yy)	5. Treasure	r Full Name	
2014 02/08/2014		04/19/			Eddie C		
6. Type of Committee (Chec X) Candidate Campaign	/	Type of Rep		only one e/County	type of repo	rt from one category) Referendum	
	Referendum	Interpat Organizationa		e/County Organizati	onal	Organizational	
	Joint Fundraiser	Thirty-five da		Quarterly		Pre-referendum	
Legal Expense Fund	10	Pre-primary		First		☐ Final	
M (20 0.35) 1 446 15		Pre-election		Secon		Supplemental Final	
7. Type of Fund (if applica Booster Fund	ble, check one)	Pre-runoff Semi-annual	牌	Third Fourt		Annual Special	
Building Fund	fr-	Mid Yea	r -	Semi-annu		П эрестаг	
	lä	Year En	1	Mid `		10. Special Report Name	
Other:		Final		Year	End		
8. Number of Fundraisers t	his Report	Special		Final			
				Special			
11. Account Information			11. Accoun				
a. Financial Institution Full Name			a. Financial I	nstitution !	Full Name		
Capital Bank							
b. Purpose	c. Account Code		b. Purpose			c. Account Code	
Commissioner Race	1						
Campaign Funds	d. Period Begin B	alance	1			đ. Period Begin Balance	
Campaign / undo	\$ 100.00					\$	
CERTIFICATION	, 100.00			•		T	
I certify that the Committee or	Fund is in compliance	e with all appl	icable provisio	ons of Art	icle 22A, 22F	3 & 22D-22M of Chapter 163	
of the NC General Statutes and							
report is complete, true and co-	rrect and that I have b	een trained by	the NC State	Board of	Elections.	1	
Eddie C Shoe		81		Sa		5/2/1	
Printed Name of S	Signer	Sig	nature of Appoi	inted Treas	urer	Date	
FOR OFFICE USE ONLY				_			
Date Received: _	5-28-14	Employ	yee: <u>) (</u>	<u> </u>	- 🗆	ivery Method Normal Mail	
Date Postmarked:		Employ	yee:	 -		Registered Mail Hand Delivered	
Date Scanned:		Employ	yee:	· · · ·		Electronically Filed	
Date Data Entered:	··· ·· · · · · · · · · · · · · · · · ·	Emplo	yee:			Signer has not received mandatory training	
Please Note: This form							
	tant treasurer, custo						
You must ame	nd the Statement of	Organizatio	n (CRO-2100)A-E) to	make comm	ittee changes.	

CRO-1000

NC State Board of Elections

August 2008

1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number		
Vote 4 Shoe	1st Qua	arter			
Start of Election Cycle: January 1, 2011	_	Total this	Total this d Election Cycle		
4) Cash on Hand at Start		Reporting Perio \$ 100.00	\$ -0-		
RECEIPTS			1 + -0-		
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)	s	\$		
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		
<u>EXPENDITURES</u>					
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, 13	5, 16 and 17)	\$ 828.22	\$ 1115.74		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 347.94	\$ 347.94		
ADDITIONAL INFORMATION	į				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	<u> </u>			
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)	\$	\$		

					Amendmen	t	
Contributions from Individuals	Pg	1	of	2	X Yes		No
Jse this form to report individual contributions over \$50 or contributions	unde	r \$50 if	form	CRO	1205 is not	used	

1. Com	mittee Full Nam	ne (and Fund if appl	icable)			2. ID Number		
	Vote 4 Shoe					_		
	tributor Informa			Add 🔲 Ren	move			
	ame, Mailing Addre le city, state, & zip)		3	b. Job Title/Profes	ssion	d. C	Comments	
				Disabled				
	e C Shoe N Ninth St		!	c. Employer's Nan	ne/Specific Field			
L	ane NC 27302		!	Disabled		e. E	lection Sum to Date	
	568-8658					<u> </u>	394.32	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount	
	1	Visa	Business Card	d Holders	02/18/2014	_	\$ 28.63	
	1	Visa	Card Holders/	/Office Supply	02/20/2014		\$ 75.69	
	1	Visa	Campaign Sig	ns eng	03/24/2014		\$ 290.00	
	tributor Informa				nove	-		
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. C	Comments	
	le city, state, & zip)		ļ	Disabled	!			
Eddie C Shoe c. Employer's Name/Specific Field								
	N Ninth St			e. E	lection Sum to Date			
Mebane NC 27302 919-568-8658				Disabled		S.	486.16	
		I Parament	T bring Donaula			Ţ		
f. Prior		1	i. In-Kind Descript		j. Date (mm/dd/yyy	y)	k. Amount	
	1	Visa	Facebook Ads		04/10/2014		\$ 37.76	
	1	Visa	Facebook Ads	8	04/11/2014		\$ 54.08	
	<u> </u>						\$	
	ributor Informa	· · · · · · · · · · · · · · · · · · ·			nove			
	ame, Mailing Addre le city, state, & zip)		J	b. Job Title/Profes	sion	d. C	Comments	
	• • • • • • • • • • • • • • • • • • • •		ļ	Security				
	Massey		ļ	c. Employer's Nam	ne/Specific Field			
	Sandy Cross Rongton NC 27217		•	IDIO Taba		e. E	lection Sum to Date	
Dumi	GIOIT NO ZIZII			JR'S Toba	cco		65.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descript	tion	j. Date (mm/dd/yyy	/y)	k. Amount	
	1	!	Used sign wire	es	03/18/2014		\$ 65.00	
							\$	
							\$	
4. Tot	al only this Pa		\$	551.16				
		RO-1210 Pages				\$	651.16	
(This li	ine must be on line 6	"	001.10					

Contributions from Individuals

				Amendment	
Pg	_2_	of	2	X Yes	☐ No

		ndividual contributio		ontributions und			
1. Com	mittee Full Nam	ne (and Fund if app	licable)			2. I	D Number
Vo	ote 4 Shoe						
3. Cont	tributor Informa	ation		Add 🔲 Re	emove		
ĺ	ame, Mailing Addre			b. Job Title/Profe	ession	d. C	omments
(includ	le city, state, & zip)		•	Retired			
John	W Daniel			c. Employer's Name/Specific Field			:
3144	Lake Latham C	ircle Dr		Daring d		Ļ	
	ne NC 27302			Retired		e. El	lection Sum to Date
919-5	563-9056					\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ition	j. Date (mm/dd/yyy	yy)	k. Amount
	1	Check			02/19/2014		\$ 100.00
							\$
							\$
	tributor Informa				move	,	
	ame, Mailing Addre			b. Job Title/Profe	ession	d. Co	omments
(Inciuu	le city, state, & zip)						
c. Employer's Name/Specific Fie							
						e. El	lection Sum to Date
						\$,
C TO !	TC-1-	I. E. CR.	1	<u> </u>	Ti Diricinati	1	r
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount
							\$
							\$
							\$
	ributor Informa			Add 🔲 Rei	move		
ŀ	ame, Mailing Addre			b. Job Title/Profe	ssion	d. Co	omments
(IBCIUa	le city, state, & zip)				!		
				c. Employer's Na	me/Specific Field		
			;		ļ	e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							\$
4. Tot	al only this Pa	age				\$	100.00
5. Tota	al of ALL CR		\$	651.16			
(This li	ne must be on line 6	s of Detailed Summary P	age CRO-1100)		ļ	Ψ.	001.10

•	TT	•	\sim			
In-	Kın	ıa	CAT	itri	butions	

								Amendment	
nd Contributions				Pg	1	of	1	Yes	X No
		_							

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

1. Committee Full Name (and Fund if applicable)				2. I	D Number
Vote 4 Shoe					
3. Contributor Information	Add	☐ Re	move		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	☐ Ind	of Contri Jividual indidate	butor	c. C	omments
Eddie C Shoe	Par	-		ļ	
212 N Ninth St Mebane NC 27302	PA Rei	AC ferendum		a E	dection Sum to Date
919-568-8658	1=	her Receipt	t Source	1	394.32
e. Description	-1		f. Date (mm/dd/yyy	yy)	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			move		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Eddie C Shoe	☐ Ind	of Contril lividual ndidate rty	butor	c. C	omments
212 N Ninth St	□ PA	•		 	
Mebane NC 27302	1=	ferendum		d. E	lection Sum to Date
919-568-8658	☐ Oth	her Receipt	Source	\$ 4	486.16
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Facebook Ad Payment			04/10/2014		\$ 37.76
Facebook Ad Payment			04/11/2014		\$ 54.08
					\$
3. Contributor Information	Add		nove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gary Massey 1965 Sandy Cross Rd	X Ind	-	butor	c. C	omments
Burlington NC 27217		ferendum		d. E	lection Sum to Date
336-570-0386	Oth	her Receipt	Source	\$	65.00
e. Description			f. Date (mm/dd/yyy	y)	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 (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	551.16

Disbursen	nents				Pg	of	Amendment Z Yes No		
			ttee for o	perating ex	penses	, contribut	tions to candidate/political		
	l coordinated party e Full Name (and Fur						2. ID Number		
Vote4S	hoe								
3. Type of Disl	oursement (Pleas	e use separate Cl	RO-1316	forms for	each t	pe of Disi	bursement.)		
Operating Exp	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	ontributions to Candid		THE RESERVE OF THE PERSON NAMED IN	NAME AND ADDRESS OF THE OWNER, WHEN		ordinated Party Expenditures		
4. Payee Inform	Account to the second of the second s			Add	Remo		1, a		
(include city, state	Mailing Address & P	hone		b. Coordina	ted Con	mittee Nam	ne d. Comments		
Facebook Inc	C			c. Level Reg	istered ((Specify)			
P. O. box 100				Federal		County:			
PalO Alto, CA	94303			☐ State	[Municip	e. Election Sum to Date		
650-453-6800)			i.			\$ 47.01		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	ount	k. Required Remarks		
1	Debit	Α	03/12	2/2014	\$ 21.	.46	Facebook Ads		
1	Debit	Α	03/2	4/2014	\$ 25.	55	Facebook Ads		
4. Payee Inform	mation			Add	Remo	ove			
	ling Address & Phone			b. Coordinat	ted Con	mittee Nam	d. Comments		
(include city, sta	ate, & zip)								
Facebook Ir	nc			c. Level Reg	ictored ((Specify)			
P.O. Box 10	05			Federal		County:			
Palo Alto, C				State		Municip	ality: e. Election Sum to Date		
650-453-680	00						\$ 87.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	ount	k. Required Remarks		
1	Debit	Α		7/2014	\$ 6.9	9	Facebook Post Promote		
1	Debit	A		1/2014	\$ 33	177.00	Facebook Ads		
4. Payee Inform	mation			Add \square	Remo	ove			
BURNESS AND AND ADDRESS OF THE PARTY OF THE	ling Address & Phone			b. Coordinat			d. Comments		
(include city, sta	ate, & zip)								
Office Max				c. Level Regi	ictored ((Specify)			
3121 Garde	n Rd			Federal	A 40 - 17 - 10 - 10 - 10 - 10 - 10 - 10 - 1	County:			
Burlington, N				☐ State		Municipal Municipal	ality: e. Election Sum to Date		
336-538-099							\$ 35.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	j. Amo	unt	k. Required Remarks		
1	Debit	A	02/27		\$35.0		Card Holders		
	Book	+ ~	UZIZI	72014	-		Odia Holdela		
					\$		100.40		
5. Total only th							\$ 122.46		
PRESIDE AND SOURCE STREET, MANAGES OF	L CRO-1310 Pages								
and the second s	n line 13a of Detailed Su n line 13b of Detailed Su					litical Comm	\$ 277.06		
	n line 13c of Detailed Su						"		
DANGER OF THE PARTY OF THE PART	odes (List detailed		NAMES AND ADDRESS OF TAXABLE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN					
A* - Media	B* - Print			undraising		D - To	Another Candidate		
E - Salaries	F* - Equip			Political Party H* - Holding Public Office Expenses					
I - Postage O* Other	J - Penalt	ies	K* - O	office Exper	nses	Q* - D	onation to Legal Expense Fund		
	re detailed explana	tion in required	remarks	field (k)					
CRO-1310				ard of Elections	S		December 2009		

Diah					2	2	Amendment
DISDUTSEII	ients				Pg 2	of 2	_ LX Yes ∟ No
	report expenditures	from the commi	ttee for c	operating ex			
committees and	coordinated party ex	xpenditures					2. ID Number
	Full Name (and Fun	id if applicable)					2. ID Number
3. TVote 4 Sho	ersement (Please	e use separate C1	RO-131() forms for (each type of D	isburse	nent.)
3. Type of Dish	DETERMINED FOR THE SECOND SECO	e use separate Cl					
Operating Exp		entributions to Candid	ates/Politi	THE RESERVE THE PERSON NAMED IN		Coordinate	ed Party Expenditures
4. Payee Inform	mation Mailing Address & Ph	tone	Ц	Add	Remove		1 Comments
(include city, state		ione		b. Coordinat	ted Committee Na	ame c	d. Comments
				e Level Regi	istereil (Specify).		
Office Depot 1825 S Chur				Personal Control of the Control of t	istered (Specify)		
Burlington, N				Federal State	-	_	e. Election Sum to Date
336-226-612				State	L Ividin	cipanty.	
000 220 012	g. Form of Payment	in Purmse Code	h-Dale)	pm/dd/(sygg)			\$ 79.26
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	-		quired Remarks
1	Debit	В	03/15	5/2014	\$ 79.26	Fly	ers
4. Payee Inform	nation			Add	\$temove		
4. Payee Inform				Add	Remove		(Comments
	ling Address & Phone			b. Coordinat	ted Committee Na	ame d	d. Comments
(include city, sta	te, & zip)			c. Level Regi			
Google Ad V	Vords			c. Level Regi	istered (Specify)		
1600 Ampith				☐ Federal	deda	ty:	Election Sum to Date
	ew, CA 94043			☐ State	☐ Munio	cipality: e	e. Election Sum to Date
877-908-418	i0			nm/dd/sysyl)		AND THE P	\$ 1.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
1	Debit	A	U 200000 0	1/2014	\$ 1.71		Campaign
			רו ודיט			Au	Jampaign
4. Payee Inforn				Add	\$ emove		
4. Payee Inform	nation ling Address & Phone		Ц	Add	Remove	THE SECOND CO.	I Comment
a. Full Name, Mail (include city, sta	_			b. Coordinat	ted Committee Na	ame o	d. Comments
-	,			c. Level Regi			
Staples	27				istered (Specify)	10	
500 Staples				Federal State	Count	_	El di C di D d
Framingham				State	iviunic		e. Election Sum to Date
800-782-759	g. Form of Payment	h. Parpose Code	is Date:	im/dd/yyyy)	j. Amount	ER	\$ 73.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
1	Debit	В	02/19	9/2014	\$ 73.63	Bu	usiness Cards
5. Total only th	is Page				\$		
5. Total only th						The second	\$ 154.60
	L CRO-1310 Pages				Established the		Ψ 101.00
	line 13a of Detailed Sur	mmarv Page CRO-1.	100 if Ope	rating Expens	es)		± 077.00
	line 13b of Detailed Sur					nm)	\$ 277.06
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coo	rdinated Party	Expenditures)		
7. Purpose C	odes (List detailed	l expenditure cod					
A* - Media	B* - Printi			undraising			ner Candidate
E - Salaries I - Postage	F* - Equip J - Penalti			litical Party Iffice Expe n			g Public Office Expenses
r Tostage	STATE OF THE PARTY	res Festignomi è colo			ises Q*-	Donatio	on to Legal Expense Fund

D 411.UU