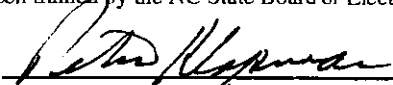


Disclosure Report Cover

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			c. ID Number	
Committee To Elect Gerry Francis				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2427 Pineway Drive				
Burlington, NC 27215			e. Phone Number	
			336-327-4542	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2014	08/04/2014	10/18/2014	Peter Klopman	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		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		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
American National				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Account for receipts and expenditures	A			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2347.34		\$	
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.				
Peter Klopman Printed Name of Signer		 Signature of Appointed Treasurer		_____ Date
FOR OFFICE USE ONLY				
Date Received:	10-24-14	Employee:	JG	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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 Gerry Francis 3rd Quarter			
Start of Election Cycle: January 1, 2014	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 2347.34	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 10189.70	\$ 14239.70	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
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)	\$ 10189.70	\$ 14239.70	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 10607.44	\$ 12310.10	
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)	\$ 419.70	\$ 419.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 11027.14	\$ 12729.80	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1509.90	\$ 1509.90	
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

Amendment

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 Gerry Francis						
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	
Jack Lindley 2911 S. Fairway Dr Burlington, NC 27215			CEO IP Products			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			IP Products		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		09/29/2014	\$ 100	
<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	
T. E. Chandler 2348 S. NC 62 Burlington, NC 27215			owner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Chandler, Inc.		\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	A	check		09/29/2014	\$ 250	
<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	
Jim Powell 1573 York Place Burlington, NC 27215			Retired		Drinks - 129.35 Food - 125.00 other 171.35	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Lab Corp		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			In-Kind	09/25/2014	\$ 419.70	
<input type="checkbox"/>			cocktail reception		\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 769.14	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 9770.00	

10189.70

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 Gerry Francis						
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	
Caroline Johnson 506 TRUITT DR Elon, NC 27244			Homemaker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 500	
<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	
Jim Crouch 2529 Pineway Dr Burlington, NC 27215			Insurance			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Harris Crouch Long Scott		\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 200	
<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	
Jill Plunkett 6002 Windsor Circle Elon, NC 27244			Homemaker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 200 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 970	

Contributions from Individuals

Amendment

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 Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>336-584-6155</u> Sandy Fuller 2027 Walker Ave Burlington, NC 27215				b. Job Title/Profession Homemaker		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 100		
<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) <u>336-278-5932</u> Coleman Rich 2116 Hawthorne Lane Burlington, NC 27215				b. Job Title/Profession Professor		d. Comments	
				c. Employer's Name/Specific Field Elon Univ		e. Election Sum to Date \$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 150		
<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) <u>336-227-5640</u> Carole Tarry 1415 Woodland Ave Burlington, NC 27215				b. Job Title/Profession Homemaker		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

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 Gerry Francis							
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	
Jean Rattigan - Rohr 3600 Rock Haven Rd Greensboro, NC 27410				Professor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Eloy Univ		\$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 150		
<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	
Chapman McQueen 1002 Willowbrook Dr Burlington, NC 27215				Doctor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Medical		\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 500		
<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	
Thomas Lander 2905 S. Fairway Dr Burlington, NC 27215				Director/celegene			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				celegene corp		\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 500		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1150	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 10189.70	

Contributions from Individuals

Amendment

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 Gerry Francis						
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	
Karen Johnson 809 Kimberly Rd Burlington, NC 27215 336-584-9833			Homemaker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		09/29/2014	\$ 250	
<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	
Fairfax Reynolds 3008 Forestdale Dr Burlington, NC 27215 336-584-4133			Banker Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Banker		\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		09/29/2014	\$ 250	
<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	
John Rohr 3600 Rock Haven Dr Greensboro, NC 27410 336-430-5547			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			TV Exec		\$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		09/29/2014	\$ 150	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 10189.70	

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 Gerry Francis						
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	
Marylou Crenshaw 1660 York Place Burlington, NC 27215			Homemaker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 150	
<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	
Earnie Koury P.O. Box 850 Burlington, NC 27216			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Textiles		\$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 150	
<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	
Pillany Pittard 8003 Windsor Way Elon, NC 27244			Banker			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Bank of America		\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10189.70	

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 Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>336-584-4012</u> Patsy Burk 206 Mooregate Ct Burlington, NC 27215				b. Job Title/Profession Homemaker		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/29/2014	\$ 100		
<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) <u>336-584-0087</u> Kristen Moffitt 1552 York Place Burlington, NC 27215				b. Job Title/Profession Medical Doctor		d. Comments	
				c. Employer's Name/Specific Field medicine		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/29/2014	\$ 100		
<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) <u>336-584-3080</u> Jerry Bailey 3122 Brycewood Place Burlington, NC 27215				b. Job Title/Profession Banker		d. Comments	
				c. Employer's Name/Specific Field Wells Fargo		e. Election Sum to Date \$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/29/2014	\$ 150		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 350	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 10,89.70	

Contributions from Individuals

Amendment

Pg 8 of 21 Yes 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	
Committee To Elect Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>336-584-3760</u> Vickie Lewis 2255 Saddle Club Dr Burlington, NC 27215				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Education		e. Election Sum to Date \$ 35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 35		
<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) <u>336-584-1577</u> Clay Hemric RD. Box 1469 Graham, NC 27253				b. Job Title/Profession Lawyer		d. Comments	
				c. Employer's Name/Specific Field Hemric, Hemric, and Champion		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 100		
<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) <u>336-584-5192</u> Susie Wall 1613 Meadowood Dr Burlington, NC 27215				b. Job Title/Profession Homemaker		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 235	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

Contributions from Individuals

Amendment

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 Gerry Francis							
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	
336-584-5292 Alan White 2513 Asbury Ct Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Elon Univ		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 100		
<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	
336-584-7307 Shawn Smith 1565 York Place Burlington, NC 27215				Homemaker			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 100		
<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	
Virginia Cummings 1533 York Place Burlington, NC 27215				Homemaker			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/29/2014	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 10189.70	

Contributions from Individuals

Amendment

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 Gerry Francis						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-228-6298			b. Job Title/Profession		d. Comments	
Peter Klopman B27 Warwick CT Burlington, NC 27215			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Textiles		\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		08/26/2014	\$ 200	
<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) 336-221-0011			b. Job Title/Profession		d. Comments	
Tracey Grayzer 104 Old Weller Elon, NC			Director			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Impact Alamance		\$ 75	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		09/29/2014	\$ 75	
<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) 336-261-3181			b. Job Title/Profession		d. Comments	
Joanne Soliday 115 Forest Dr View Dr Elon, NC 27244						
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		9/29/2014	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1089.70	

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) <i>Committee To Elect Gerry Francis</i>						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>336-449-4747</i> <i>Deborah Long</i> <i>905 Brookview Dr</i> <i>Elon, NC 27244</i>				b. Job Title/Profession <i>Professor</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Elon Univ</i>		e. Election Sum to Date <i>\$ 250</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>09/16/2014</i>	<i>\$ 250</i>		
<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) <i>336-584-1932</i> <i>William Chandler</i> <i>2415 Saddle Club Dr</i> <i>Burlington, NC 27215</i>				b. Job Title/Profession <i>Retired</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Glen Raven Inc.</i>		e. Election Sum to Date <i>\$ 200</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>09/16/2014</i>	<i>\$ 200</i>		
<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) <i>336-584-7117</i> <i>Jane Beck</i> <i>1920 Shirley Dr.</i> <i>Burlington, NC 27215</i>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date <i>\$ 100</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>09/16/2014</i>	<i>\$ 100</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						<i>\$ 550</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						<i>\$ 10189.70</i>	

Contributions from Individuals

Amendment

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 Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-684-7496 William Baker 810 Colonial Dr Durlington, NC 27215				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Burlington City Manager		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/16/2014	\$ 100		
<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) 336-380-0476 Laurin Kier Campus Box 2550 Elon Univ Elon, NC 27244				b. Job Title/Profession Professor		d. Comments	
				c. Employer's Name/Specific Field Elon Univ		e. Election Sum to Date \$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/16/2014	\$ 25		
<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) 336-449-4747 Eugene Long 905 Brook View Dr Elon, NC 27244				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field medical Doctor		e. Election Sum to Date \$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/16/2014	\$ 250		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 375	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

Contributions from Individuals

Amendment

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 Gerry Francis							
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	
336-538-0985 Robert Hykes 2312 Tanner Court Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Re-Insurance		\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/08/2014	\$ 250		
<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	
336-538-0985 Katherine Hykes 2312 Tanner Court Burlington, NC 27215				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NON-PROFIT EXECUTIVE		\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/08/2014	\$ 250		
<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	
336-834-0890 Ann Cahill 2809 Sherwood St Greensboro, NC 27403				Professor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Elon Univ		\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/08/2014	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

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 Gerry Francis							
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	
Tracey Huley 2910 Forestdale Dr Burlington, NC 27215				Artist			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self-Employed		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/05/2014	\$ 100		
<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	
Stephen Folger 205 Aspen Ave Elon, NC 27244				Professor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Elon Univ		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/05/2014	\$ 100		
<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	
Anthony Weaver 305 Courtland Dr Elon NC				Assoc. Professor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Elon Univ		\$ 45	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	Check		09/08/2014	\$ 45		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 245	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

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 Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-263-4814 Jonathan Miller 1601 Bellenden Dr Durham, NC 27713-5929				b. Job Title/Profession Development c. Employer's Name/Specific Field Elon Univ		d. Comments	
						e. Election Sum to Date \$ 40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/04/2014	\$ 40		
<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) 336-449-5689 Gregory Lilly 105 Franz Ct Elon, NC 27244				b. Job Title/Profession Professor c. Employer's Name/Specific Field Elon Univ		d. Comments	
						e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/04/2014	\$ 50		
<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) 336-449-4636 Constance Book 810 NC 61 South Whitsett, NC 27377				b. Job Title/Profession Senior Administrator c. Employer's Name/Specific Field Elon Univ		d. Comments	
						e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		09/05/2014	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 190	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

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 Gerry Francis						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-228-4484			b. Job Title/Profession		d. Comments	
Becky Olive-Taylor 819 Warwick Ct Burlington, NC 27215			Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ		\$ 60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		08/29/2014	\$ 60	
<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) 336-584-9282			b. Job Title/Profession		d. Comments	
George Troxler 2748 Amick Rd Elon, NC 27244			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ		\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		08/29/2014	\$ 50	
<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) 336-875-1380			b. Job Title/Profession		d. Comments	
April Post 1950 N. Hwy 62 Burlington, NC 27217-8216			Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ		\$ 40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		08/29/2014	\$ 40	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 10189.90	

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 Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 434-296-9859 William Herbert 475 Oak Circle Charlottesville, VA 22901				b. Job Title/Profession Doctor c. Employer's Name/Specific Field Medical Doctor		d. Comments	
						e. Election Sum to Date \$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		08/29/2014	\$ 150		
<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) 336-449-6642 Tom Green 6300 Chesney Way Whitsett, NC 27377				b. Job Title/Profession Professor c. Employer's Name/Specific Field Elon Univ		d. Comments	
						e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		08/29/2014	\$ 50		
<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) 336-449-6642 Catherine McNella 6300 Chesney Way Whitsett, NC 27377				b. Job Title/Profession Professor c. Employer's Name/Specific Field Elon Univ		d. Comments	
						e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		08/29/2014	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.70	

Contributions from Individuals

Amendment

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 Gerry Francis							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-584-7691 Elaine Neese 1901 W. Lake Drive Burlington, NC 27215				b. Job Title/Profession Homemaker		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		08/26/2014	\$ 1,000		
<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) 336-380-1247 Nancy Midgette 2335 Campus Boy Elon Univ Elon, NC 27244				b. Job Title/Profession Professor		d. Comments	
				c. Employer's Name/Specific Field Elon Univ		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		08/29/2014	\$ 100		
<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) 336-570-0001 Steve Van Pelt 580 Grandview Dr Graham, NC 27253				b. Job Title/Profession Retired		d. Comments	
				c. Employer's Name/Specific Field Education		e. Election Sum to Date \$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	check		08/29/2014	\$ 250		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,350	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10189.20	

Contributions from Individuals

Amendment

Pg 19 of 21 Yes 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	
Committee To Elect Gerry Francis						
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	
Eugene Grimley P.O. Box 817 Elon, NC 27244			Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ		\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		05/26/2014	\$ 50	
<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	
Jerry Tolley 1322 Westbrook Ave Elon, NC 27244			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Education		\$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		05/26/2014	\$ 150	
<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	
Gerald Whittington 323 Bayberry Dr Chapel Hill, NC 27517			CFO Elon Univ			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ.		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		05/24/2014	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 10189.70	

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 Gerry Francis						
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	
Nan Perkins 336-584-1884 506 Gurney St, Burlington, NC 27215			Retired Education			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		08/13/2014	\$ 200	
<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	
Tom Mould 336-568-0022 820 N. Gurney St Burlington, NC 27215			Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		08/13/2014	\$ 100	
<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	
Brooke Barnett 336-568-0022 820 N. Gurney St Burlington, NC 27215			Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Elon Univ		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	check		08/13/2014	\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10189.70	

Contributions from Individuals

Amendment

Pg 21 of 21 Yes 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) <i>Committee To Elect Gerry Francis</i>						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Barry Bradberry P.O. Box 456 Elon, NC 27244</i>				b. Job Title/Profession <i>Assoc. Dean</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Elon Univ</i>		e. Election Sum to Date \$ <i>100</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>08/13/2014</i>	\$ <i>100</i>		
<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) <i>Russell Wilson 2714 W. Front St Apt D5 Burlington, NC 27215</i>				b. Job Title/Profession <i>Retired</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Pro Feet, Inc.</i>		e. Election Sum to Date \$ <i>200</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>08/13/2014</i>	\$ <i>100</i>		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>09/29/2014</i>	\$ <i>100</i>		
<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) <i>Rosella Wilson 2714 W. Front St. D5 Burlington, NC 27215</i>				b. Job Title/Profession <i>Homemaker</i>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ <i>100</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>A</i>	<i>check</i>		<i>09/29/2014</i>	\$ <i>100</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>400</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <i>10189.70</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 Gerry Francis							
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-270-4426 International Minute 1143-F St. Marks Church Rd Burlington, NC 27215				b. Coordinated Committee Name		d. Comments	
				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 \$ 612.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	Hand-outs	09/22/2014	\$ 612.84			
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 866-470-7133 Burlington Times News P.O. Box 481 Burlington, NC 27215				b. Coordinated Committee Name		d. Comments	
				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 \$ 6444.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	Printing	09/23/2014	\$ 825.00	Voter Guide		
A	Debit Card	Advertising	10/16/2014	\$5619.69			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook www.facebook.com				b. Coordinated Committee Name		d. Comments	
				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 \$ 28.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	Page Develop	10/07/2014	\$28.74	Stats + Page Develop		
				\$			
5. Total only this Page						\$ 7086.27	
6. Total of ALL CRO-1310 Pages (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)							

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 Gerry Francis						
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
4 Imprint 101 Commerce St. P.O. Box 320 Oshkosh, WI 54901						
				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:		\$ 142.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Bank Card	Stickers	09/02/2014	\$ 142.18		
				\$		
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
Markell Publishing 718 E. Davis Street P.O. Box 668 Burlington, NC 27216-0668						
				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:		\$ 2737.07
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Debit Card	Yard Signs	09/09/2014	\$ 1034.41		
				\$		
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
Ref Shop + Sweet Noelle shop.refshop.com Taiwan						
				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:		\$ 156.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Debit Card	Pinnies	09/19/2014	\$ 156.70	Vests	
				\$		
5. Total only this Page						\$ 3035.95
6. Total of ALL CRO-1310 Pages						\$
(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
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* Other	Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)						

1702-00

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 GERRY FRANCIS						
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-228-7851 The Alamance News 114 W. Elm ST Graham, NC 27253			b. Coordinated Committee Name		d. Comments	
			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 \$ 719.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Debit Card	Advertising	10/14/2014	\$ 719.28		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-227-9683 I VARS Inc. PO Box 2449 Burlington			b. Coordinated Committee Name		d. Comments	
			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 \$ 103.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Debit Card	Screen Print	10/16/2014	\$ 103.55		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 919-563-3555 Mebane Enterprise 106 N 4th ST. Mebane, NC 27302			b. Coordinated Committee Name		d. Comments	
			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 \$ 382.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Debit Card	Advertising	10/17/2014	\$ 382.71		
5. Total only this Page						\$ 1205.54
6. Total of ALL CRO-1310 Pages (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)						

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 Gerry Francis							
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-227-8309 US PS Burlington 405 Maple Ave. Burlington NC 27215				b. Coordinated Committee Name		d. Comments	
				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 \$ 19.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	Postage	08/13/2014	\$ 9.80			
A	Debit Card	Postage	09/02/2014	\$ 9.80			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-227-1227 Sir Speedy Printing 1257 S. Church St. Burlington, NC 27215				b. Coordinated Committee Name		d. Comments	
				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 \$ 58.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	Cards	08/15/2014	\$ 58.24	Thank You Cards		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336-290-0040 Piedmont Graphics P.O. Box 4509 Greensboro, NC 27404				b. Coordinated Committee Name		d. Comments	
				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 \$ 904.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	Brochures	08/25/2014	\$ 686.40			
A	Debit Card	Buttons	09/17/2014	\$ 218.10			
5. Total only this Page						\$ 982.34	
6. Total of ALL CRO-1310 Pages (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)							

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)		2. ID Number
Committee To Elect Gerry Francis		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Jim Powell 1573 York Place Burlington, NC 27215	<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	
		d. Election Sum to Date \$ 419.70
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Cocktail Reception	07/25/2014	\$ 419.70
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input 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	
		d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market 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 Contributor	c. Comments
	<input 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	
		d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 419.70
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 419.70