Amendment

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								
John Porter b. Mailing Address (include City, Sta	904X7C								
b. Mailing Address (include City, Sta	d. Date Filed								
1104 East W.	04/22/2014								
Burlington, N.C. 27215 e. Phone Number									
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name									
2014 02/21	Edward Durham								
2014 02/21/2014 04/19/2014 Larry Edward Durham  6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)									
Candidate Campaign Par		Tunicipal	State/County		Referendum				
PAC Re	ferendum [	Organizationa	l Organizat	ional	Organizational				
	nt Fundraiser	Thirty-five da	y Quarterly		☐ Pre-referendum				
Legal Expense Fund	Į[	Pre-primary	First		Final				
		Pre-election	Seco	nd	Supplemental Final				
7. Type of Fund (if applicable	, check one)	Pre-runoff	Third	d	Annual				
Booster Fund	1_	Semi-annual	Four	th	☐ Special				
☐ Building Fund	10	Mid Yea							
	<u>][</u>	Year End	i  Mid	Year	10. Special Report Name				
Other:		Final	☐ Year	End					
8. Number of Fundraisers this	Report	Special	Final						
			☐ Special						
11. Account Information			11. Account Inforn	nation					
a. Financial Institution Full Name			a. Financial Institution	Full Name					
Capital Bank N	A								
b. Purpose	c. Account Code	:	b. Purpose		c. Account Code				
0	C								
CampaigN	d. Period Begin	Balance			d. Period Begin Balance				
. ,	\$ -0-				\$				
CERTIFICATION	\$ -0-				Ψ				
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.									
Larry Edward Durham Larry Edward Durham 04/22/2014  Printed Name of Signer Signature of Appointed Treasurer Date									
FOR OFFICE USE ONLY									
Date Received: 4/22/14 Employee: 5H Delivery Method									
Date Postmarked: Employee: Registered Mail									
Date Scanned: Employee: Employee:									
Date Data Entered:	mandatory training								
Please Note: This form c	annot be used to	amend comm	ittee information suc	h as the com	mittee 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.									

CRO-1000

NC State Board of Elections

August 2008

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number John P. Paisley, Jr. 904x7C First Quarter Plus Total this Total this Start of Election Cycle: January 1, 2013 **Reporting Period Election Cycle** 4) Cash on Hand at Start --0---0-RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ 1850.00 1949.00 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) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 1850.00 1949.00 **EXPENDITURES** (3) Disbursements 13a) Operating Expenditures (CRO-1310) 1217,25 \$ 1217.25 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ \$ 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) 99.00 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 316.25 1217. 25 \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 632.75 6 32**.**75 ADDITIONAL INFORMATION (CRO-1330) 20) Non-Monetary Gifts Given to Other Committees 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-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

		rom Individua		Pg	/ of	<u> 2</u> [			
		ndividual contributio		ontributions und	er \$50 if form CF				
		e (and Fund if appl				2. ID Number 9 D 4 X 7 C			
3. Con	tributor Inform	ation		Add Re	nove				
	ame, Mailing Addre			b. Job Title/Profe		d. Com	ments		
(includ	le city, state, & zip)			Refire	1				
Robert N. Hair				c. Employer's Nar					
111	15 E.W	Howbrook	Drive			e. Election Sum to Date			
B	urling to	V, N.C. 2	7215	NA		\$ 500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k.	Amount		
	C	Check			03/17/201	4 5	500.00		
							<b>B</b>		
						5	B		
	tributor Informa				nove				
a. Full Name, Mailing Address & Phone  b. Job Title/Profession							d. Comments		
	le city, state, & zip)			Asst. UP	Quality in				
	Todd 6	_		c. Employer's Name/Specific Field					
217 Oakland Drive				PNC B	ank	e. Election Sum to Date			
B	urling to	N, N.C. 27			\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k.	Amount		
	C	check			03/19/201	14 5	100.00		
						\$	3		
		"				5	8		
3. Con	tributor Informa	ation		Add Ren	nove				
1	ame, Mailing Addre	ess & Phone	· <del>-</del>	b. Job Title/Profes	ssion	d. Com	ments		
(include city, state, & zip)				Farmer					
K	oger E.	Owens le Mill Ro	1	c. Employer's Nar	ne/Specific Field				
F	110 Cob	le Mill Ko	ad	, ,	,	e Fleci	tion Sum to Date		
SNOW Camp, N. C. 27349			Refir	ed	e. Election Sum to Date				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	y) k	Amount		
	C	check			03/19/2019	+ 5	250.00		
							B		
F-1									

4. Total only this Page

850.00

\$

\$

## Amendment Contributions from Individuals 2 of 2 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 John P. Paisley Jr. タロチャクピ 3. Contributor Information □ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Roger D. Adoms 1203 Belmont Street c. Employer's Name/Specific Field e. Election Sum to Date Burling tow, N.C. 27215 Adams Towning + Recovery 400.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount C Check 04/02/14 400.00 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FINANCIAL Software Cons Janet Paisley Terry 109 London Plain Court c. Employer's Name/Specific Field Paisley Terry Consulting, e. Election Sum to Date Cary, N.C. 27513 -5137 500,00 . Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) C 04/04/2014 Check 500.00 Remove 3. Contributor Information Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CPA/OWNER Arnold T. Brown c. Employer's Name/Specific Field 540 Wood lawn Road

		1/2000		Arnold T.	Brown CPA	e. Election Sum to Date			
/	Mebane,	N.C. 2130	12-9949		3,000,000	\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k	. Amount		
	c	check			04/09/201	4	\$ 100.00		
	_						\$		
							\$		
4. Tot	al only this P	age				\$	1000.00		
		RO-1210 Pages S of Detailed Summary P	age CRO-1100)			\$	1,850.00		

						Amendment	t
Disbursements				Pg	 of	 ☐ Yes	N₀
		_					17.7

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)				2. ID Number			
John	904x7C								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expe		tributions to Candida	tes/Politic			rdinated Party Expenditures			
4. Payee Inform				Add 🔲	Remove				
	a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments								
John P. Paisley, Jr.									
Markell Printing c. Level Registered (Specify)									
718 F. Davis Street Federal & County:									
Burling of the N. C. 27215									
						\$			
	g. Form of Payment	h. Purpose Code		*****	j. Amount	k. Required Remarks			
С	Check	B	03/.	20/2014	\$ 809.25	5igNs			
					\$				
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, Maili	ing Address & Phone	_ <del>_</del>		b. Coordinate	ed Committee Name	d. Comments			
(include city, stat	te, & zip)			T, ,	00.1 -	_			
Bullzen	ye Sign + 6	Fraphics	İ		Starsley Ji stered (Specify)	<u>-                                    </u>			
lin N	. Main St	reet		Federal	County:				
				State	☐ Municipa	lity: e. Election Sum to Date			
BUTTIA	ig for N.C.	21211		:		\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks			
С	Check		04/0	1/2014	\$ 120.00	Banners			
					\$				
4. Payee Inform	nation			Add 🔲	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments			
(include city, stat	te, & zip)			/	00.1 -	_			
WBAG	<del>2</del>			JOHN /	Caisley 5)	<u>'</u>			
	Burch Brid	se Road		Federal	Stered (Specify)  County:				
		_		State	☐ Municipa	lity: e. Election Sum to Date			
BUNIN	g town, N.C. 2	L /2/3				\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. Required Remarks			
С	check	A		8/2014	\$ 288.00	Radio Ads			
			<i>- ///</i>	v (~~) 7	\$	7,			
5. Total only th	is Page	<u> </u>			<del> </del>	\$ /2/2 25			
5. Total only this Page \$\frac{12.7.25}{0. 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 13h of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)									
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)									
(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* - Equip			litical Party		olding Public Office Expenses			
I - Postage	J - Penalti	es	K* - 0	ffice Expen	ises Q* - Do	onation to Legal Expense Fund			
O* Other  * Codes requir	O* Other  * Codes require detailed explanation in required remarks field (k)								
Conce teding	e actonen expialiali	on m redairea I	vuial K	TITIE (A)					