Amendment

Disclosure Report Co					☐ Yes 🖾 No
Use this form for general report		e information, r	nust be signed and su	bmitted alor	ng with other detailed forms.
Do not use this form to update in	formation.				
1. Committee Information					
a. Full Name					c. ID Number
John Porter f b. Mailing Address (include City, Stat	aisley, 3	Tro			904×10
					d. Date Filed
1104 East Wil			e		7/1/14
Burlington, A	1.C. 27	215			e. Phone Number
<u> </u>					336-227-1649
2. Report Year 3. Period Start	Date (mm/dd/	yy) 4. Period I	End Date (mm/dd/yy)	5. Treasure	er Full Name
2014 04/20/	2014	06/30	12014	Larry	Edward Durham
6. Type of Committee (Check C	ne)	9. Type of Rep	ort (check only one	type of repo	rt from one category)
Candidate Campaign Part	y	Municipal	State/County		Referendum
	erendum	Organizationa	d Organizat	ional	Organizational
Independent Expenditure I Join	t Fundraiser	Thirty-five da	y Quarterly		Pre-referendum
Legal Expense Fund	1	Pre-primary	First		Final
		Pre-election	Seco	nd	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third		Annual
Booster Fund		Semi-annual	Four		☐ Special
Building Fund	1	Mid Yea			40.00
C Out-	1	Year End		Year	10. Special Report Name
Other:	D	Final	Year	End	
8. Number of Fundraisers this	Keport	Special	Final		
			Special		
11. Account Information			11. Account Inform	nation	
a. Financial Institution Full Name			a. Financial Institution	Full Name	
Capital Bank n	IA				
Capital Bank n b. Purpose	c. Account Cod	le	b. Purpose		c. Account Code
	0				
Campaign	C				
Campaign	d. Period Begin	n Balance			d. Period Begin Balance
	\$ 632.	75			\$
CERTIFICATION					
I certify that the Committee or Fur of the NC General Statutes and that	at no funds are	commingled with	prohibited or other no	n-disclosed fu	
report is complete, true and correc	t and that I hav	e been trained by	the NC State Board of	Elections.	
10 mm Edward	Dud	P	ry Edward	101	
Larry Edward Printed Name of Sign	DUTHAN	- dar			
Carrier Control of the Control of th	er	Sig	nature of Appointed Treas	surer	Date
Date Received:	-1-14	Employ	vee: UG	Del	ivery Method
				- 🛚	Normal Mail
Date Postmarked:		Employ	yee:	_ 📙	Registered Mail
		- 1	Occurred to		Hand Delivered
Date Scanned:		Employ	yee:	_ ⊔	Electronically Filed

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. CRO-1000

NC State Board of Elections

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.

August 2008

Detailed Summary Use this form to summarize all disclosure reporting forms and	to total mo	netary information	Amendment Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
John P. Paisley, Jr.	Secen	d Quarter	904×7C
Start of Election Cycle: January 1, 2013	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	· 	\$ 632.75	\$ -0-
RECEIPTS	·· •		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 867.80	\$ 2818.80
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,	lld and lle)		\$ 2818.80
EXPENDITURES	·	00,00	2010.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 347.03	\$ 2064.28
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)	\$ 35.72	
17) In-Kind Contributions	(CRO-1510)	\$ 619.80	\$ 35.72
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.		07 720	\$ 2818.80
19) Cash on Hand at End (Add lines 4 and 12 together, then sul		\$ -0-	\$ -0=
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-2220)	\$	\$
	(CRO-1215)	\$	\$
CRO-1100 NC State Boar	d of Elections		August 2008

		rom Individua		Pg		<u>/</u>	Amendment Yes No No
		ndividual contributione (and Fund if app		ontributions und			D Number
	hn P. Pai		ncapicy		.,		304X7C
	ributor Informa		П	Add Re	nove		O I K / C
	ame, Mailing Addre			b. Job Title/Profe	ssion	d. C	omments
	e city, state, & zip)			011			
Jo	hw P. Pai	slag jor.	. See a	c. Employer's Na	me/Specific Field		
1/0	14 E. W.	Howbrook D.	FIVE	TOBA P.	Paisty 5%.		
Bu	rlington,	N.C. 272	-/3	1	-at-Low	e. El	ection Sum to Date
	r= / · · · · / · · ·	T	1	<u> </u>	<u></u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount
	C	check			04/30/201	4	\$ 250.00
							\$
							\$
3. Cont	ributor Inform	ation		Add Re	move		· · ·
a. Full Na	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
_(includ	e city, state, & zip)	1		_			
ŀ				c. Employer's Na	me/Specific Field	1	
					•	e. El	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	otion	j. Date (mm/dd/yyy	/y)	k. Amount
							\$
							\$
							\$
3. Cont	ributor Inform	ation		Add Re	move		
a. Full N	ame, Mailing Addr	ess & Phone	-	b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)	 		-			
				c. Employer's Na	me/Specific Field	1	
						e. E	lection Sum to Date
						\$	<u> </u>
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy)	yy) _	k. Amount
							\$
							\$
							\$
4. Tot	al only this P	age			 	\$	· · · · · · · · · · · · · · · · · · ·
	-	RO-1210 Pages					
		6 of Detailed Summary l	Page CRO-1100)			\$	

Amendment

	Amendment
Disbursements	Pg / of / Yes 🗷 No
TTLEAST E LIA L. A. STE E . A. STE E	and the second s

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 Fun	d if applicable)				2. ID Number
John	P. Paisle	(Jr.				904×7C
3. Type of Disb	ursement <u>(Please</u>	use separate CR	0-1310	forms for e	ach type of Disb	ursement.)
Operating Exp		tributions to Candida	tes/Politic	al Committees	☐ C∞	rdinated Party Expenditures
4. Payee Inform		-		Add 🔲	Remove	
	ailing Address & Ph	one		b. Coordinat	ed Committee Name	d. Comments
(include city, state,	& zip) 11 Printin	 I			P. Paisley ,	Tr.
718 1	E. Davis S	treet		Federal	stered (Specify) County:	
BUHL	ing tow, N.	c. 21215		State	Municipa	\$ \$47.68
f. Account Code		h. Purpose Code	E Data (l: A	· · · · · · · · · · · · · · · · · · ·
	g. Form of Payment			nm/dd/yyyy)	F	k. Required Remarks
	Check	<u> </u>	04/2	2//2014	\$ 38.43	Business Cards
4.5.		<u> </u>			3	
4. Payee Inform				Add 📙	Remove	
a. Pull Name, Mail (include city, stat	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
	imes News	1.		c. Level Regi	stered (Specify)	
707 5	Main Street	2.7		☐ Federal	County:	
P.O. Box	x 481			☐ State	Municipa Municipa	lity: e. Election Sum to Date
Burlin	g tow, N.C.	27216				\$ 808.60
· · · · · · · · · · · · · · · · · · ·	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	i. Amount	k. Required Remarks
ر'	Check	A	1 /		f	Newsporper Ads
					\$	
4. Payee Inforn	nation	·		Add 🔲	Remove	1
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)					
					stered (Specify)	
				Federal State	County:	lity: e. Election Sum to Date
				State	L ividnicipa	
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only th	is Page	·	<u> </u>		<u></u>	\$ 847.03
6. Total of ALL	CRO-1310 Pages				_	37 P. 0 3
	line 13a of Detailed Sun	ımarv Page CRO-11	00 if Oper	rating Expense	es)	ተ
-	line 13b of Detailed Sun				•	\$ 847.03
(This line goes in	line 13c of Detailed Sun	mary Page CRO-11	00 if Cool	dinated Party	Expenditures)	
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)		· · · · · · · · · · · · · · · · · · ·
A* - Media	B* - Printi			ındraising	D - To A	Another Candidate
E - Salaries	F* - Equip			itical Party		olding Public Office Expenses
I - Postage	J - Penalti	es	K* - O	ffice Expen	ses Q* - Do	nation to Legal Expense Fund
O* Other	o dotoil-33	an in		#al2 (1)		
Codes regair	e detailed explanati	on in required r	emarks	neid (K)		

Description for report refunds/reinbursements. including contributions returned to the contributor.			nts From the Committee	· · · · · · · · · · · · · · · · · · ·	of	nendn]	nent Yes 🛣 No	
3. Payee Information				ns returned to the contrit	жиог.	2	ID Number	
Add								
A. Type of Committee Confidence PAC Confidence PAC	230777	/*(/3/19/			-			
General Crystate, & zip	3. Payee Information	on	☐ Ac	ld Remove				
Referendum Party Head rock Referendum Party Hydrogen from the content of the procession Party Hydrogen from the content of the party Hydrogen from the	a. Full Name, Mailing A	ddress & Phone				h. (Original Receipt Date	
Social Hedrick	(include city, state, &	zip)		7 — —			4/20/14	
	SUSUN 1	Hedri	CK			: 0	***	
Furnous Code j. Election Som to Date (336) 221 - 0888	1/28 5he	rwood,	Drive	Federal 🔀	County:			
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code	Burling	DN N.C	27215		•			
b. Job Title/Profession Required Remarks Refused of Provs Constribution Required Remarks Refused of Provs Constribution Required Remarks Refused of Provs Constribution Refused of Remove Refused city, state, & zip) Refused city, state, & zip Ref	(321) 30	1-0888		1. I di post Code		1		
Note ARMC C C	(336) 22	7 - 0000		ρ		\$	362.82	
L. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount	b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code	
Check	* -		ARMC				C	
Add Remove Refule Refu	1. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yy	yyy) o. Amount		
n. Full Name, Mailling Address & Phone (include city, state, & zip) Candidate					06/17/14		\$ 35,72	
Candidate PAC Referendum PAC Referendum PAC Referendum PAC Referendum PAC State County State Municipality M	· · · · · · · · · · · · · · · · · · ·		∐ Ac			ı		
Referendum Party Referendum Party	1				0.40	h. (Original Receipt Date	
C. Level Registered (Specify State County State Municipality: Federal County State Municipality: Federal County State Municipality: Federal State Federal State Federal State Federal State Federal	(include city, state, &	zip)		┦ 블 = = = = = = = = = = = = = = = = = =		İ		
Federal County: State Municipality: State					·	i. 0	Priginal Receipt Amount	
State Municipality:					·			
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code L. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount 3. Payce Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) d. Type of Committee p.AC Referendum p.arty G. Candidate p.AC Referendum p.arty G. Level Registered (Specify) i. Original Receipt Date Federal County State Municipality j. Election Sum to Date F. Purpose Code Municipality j. Election Sum to Date S. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code L. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount S. J. Total of ALL CRO-1320 Pages This line must be on line 16 of Detailed Summary Page CRO-1100) S. J. J. Z. L. Returned to Contributor M. Overpayment for Service N. Exceeded Contribution Linit				State	Municipality:	3		
C. Employer's Name/Specific Field g. Comments k. Account Code				f. Purpose Code		j. E	lection Sum to Date	
L. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount						\$		
3. Payee Information	b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code	
3. Payee Information								
3. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Candidate PAC Referendum Party Rederendum Party Federal County: State Municipality: Federal County: State Municipality: Federal State Municipality: Federal State State State State State State State State Federal State Stat	1. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yy	уу)	o. Amount	
A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Type of Committee PAC PAC Referendum Party							\$	
A. Full Name, Mailing Address & Phone (include city, state, & zip) Committee PAC Party Part	3. Pavee Information	on	ПАс	id Remove				
Referendum Party c. Level Registered (Specify) i. Original Receipt Amount Federal County: State Municipality: F. Purpose Code j. Election Sum to Date Sh. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code I. Form of Payment m. Required Remarks an. Date (mm/dd/yyyy) o. Amount 4. Total only this Page \$ 35,722 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) \$ 35,722 L Returned to Contributor M Overpayment for Service N Exceeded Contribution Limit				d. Type of Committee		h. (Original Receipt Date	
e. Level Registered (Specify) i. Original Receipt Amount Federal	(include city, state, &	zip)		Candidate	PAC			
Federal County: State Municipality: State					· · · · · · · · · · · · · · · · · · ·			
State Municipality:					-	i. O	Original Receipt Amount	
f. Purpose Code f. Pur					-	\$		
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code L. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount 4. Total only this Page 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					with the sparity.	i. E	lection Sum to Date	
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount \$ 4. Total only this Page 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit						†		
1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount 4. Total only this Page 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit						4		
4. Total only this Page 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit	b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code	
4. Total only this Page 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) 6. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) 7. L - Returned to Contributor 8. 35,72 8. 35,72 9. N - Exceeded Contribution Limit								
4. Total only this Page \$ 35,72 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) \$ 35,72 L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit	L Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yy	ууу)	o. Amount	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit							s	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit	4. Total only this P	 аge		 .	I		\$ 35.22	
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit		-	S (This line must be on line 16 of Detailed	Summary Page CRO-1100)			\$ 35.72.	
N	L - Returned to Contrib	outor	M - Overpayment for Service		Contribution Limit		- 20, (20	
P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)	P* - Reimbursement o * Codes require detailed		O* Other required remarks field (m)					

In Wind Containations				,	,	Amendment	
In-Kind Contributions Use this form to report non-monetary contributions, donations, go	~~do ~			of		Yes No	
Use CRO-1215 if In-Kind Contributions were or will be ref					nee o	r Tulia.	
1. Committee Full Name (and Fund if applicable)					2. I	D Number	
John P. Paisley, Jr.						904×7C	
3. Contributor Information	Z A	đđ	Rer	nove			
a. Full Name, Mailing Address & Phone	Ъ.	Тур	e of Contril	outor	c. C	omments	
(include city, state, & zîp)	- [-	=	dividual				
John P. Paisley, Jr.		P.	andidate arty				
1104 E. Willow brook Drive		= -	AC eferendum		d. E	lection Sum to Date	
Burlington N.C. 27215 (336) 227-6218] 0	ther Receipt	Source	\$	\$ 355.98	
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Pole, Embroidery Work, Caps				04/20/14		\$ 117.04	
Cards, Handouts				05/05/14		\$ 139.94	
						\$	
	X A			nove	.		
a. Full Name, Mailing Address & Phone	I	_~~	e of Contril	outor	c. C	omments	
(include city, state, & zip)	≥	2	dividual andidate				
Susan P. Hedrick	怇	=	andidate arty				
1128 Sherwood Drive	ᆙ	-	AC eferendum		d F	lection Sum to Date	
Burlington, N.C. 27215	I⊨	=	ther Receipt	Source	\vdash	ection sum to Date	
(336) 221-0888		•			\$	362.82	
e. Description				f. Date (mm/dd/yy	yy) 	g. Fair Market Amount	
Shirts				04/20/14		\$ 19.22	
Frisbees				04/25/14		\$ 189.49	
Pens				04/30/14		\$ 15-4.11	
3. Contributor Information [] A	dd	☐ Rer	nove			
a. Full Name, Mailing Address & Phone	b. '		e of Contril	outor	c. C	omments	
(înclude city, state, & zip)		=	dividual				
	∐⊨	=	andidate arty				
	▕Ë	=	AC		Į		
		=	eferendum		d. E	lection Sum to Date	
		0	ther Receipt	Source	\$		
	l				<u> </u>	,	
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
						\$	
						\$	
						\$	
4. Total only this Page					\$	619.80	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)					\$	<u>619.80</u> 619.80	



07-01-14 09:45 RCVD

North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

-

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7/1/14
Date Signed

Larry Edward Durham
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.