

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 |
| WHITNEY FOR CLERK COMMITTEE | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed |
| 1514 BROADWAY DRIVE GRAHAM, NC 27253 | | | 01/11/2015 |
| | | | e. Phone Number |
| | | | (336) 570-1761 |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2014 | 10/19/2014 | 12/31/2014 | CARIE WHITNEY BARBOUR |
| 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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| | | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth 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) | | 10. Special Report Name | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report | | | |
| 0 | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| BRANCH BANKING & TRUST | | PAYPAL, INC. | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CAMPAIGN | 1 | ONLINE CONTRIBUTIONS | 2 |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,292.68 | | \$ |
| 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 | | | |
| <u>Carie W. Barbour</u> Printed Name of Signer | | <u>Carie W. Barbour</u> Signature of Appointed Treasurer | |
| | | <u>01/11/2015</u> Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | <u>1/12/2015</u> | Employee: | <u>CT</u> |
| 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 | |
|--|---------------------|------------------------------------|----------------------------------|
| WHITNEY FOR CLERK COMMITTEE | 2014 Fourth Quarter | | |
| Start of Election Cycle: January 1, 2011 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 1,292.68 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 466.38 | \$ 5,064.96 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 300.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 466.38 | \$ 5,364.96 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 475.30 | \$ 3,807.62 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 0.00 | \$ 0.00 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 1,241.92 | \$ 1,241.92 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 41.38 | \$ 314.96 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1,758.60 | \$ 5,364.50 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0.46 | \$ 0.46 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 484.60 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 1,141.92 | \$ 1,141.92 |

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 | |
| WHITNEY FOR CLERK COMMITTEE | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOSHUA A LEE 725 PINE FOREST DRIVE SOUTH SILER CITY, NC 27344 (919) 545-1164 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | MOODY, WILLIAMS, ROPER & LEE | | e. Election Sum to Date | |
| | | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Cash | | 10/22/2014 | \$ 50.00 | | |
| <input type="checkbox"/> | 1 | Check | | 10/22/2014 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOANN G MACK 7 MONTEITH CT DURHAM, NC 27713 (919) 308-1849 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | JOANN G. MACK, ATTORNEY AT LAW | | e. Election Sum to Date | |
| | | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input checked="" type="checkbox"/> | 1 | Check | | 09/11/2014 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOANN G MACK 7 MONTEITH CT DURHAM, NC 27713 (919) 308-1849 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | JOANN G. MACK, ATTORNEY AT LAW | | e. Election Sum to Date | |
| | | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 12/01/2014 | \$ 125.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 275.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 466.38 | |

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 | |
| WHITNEY FOR CLERK COMMITTEE | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JEFFREY L NIEMAN 2318 WOODBURY DRIVE HILLSBOROUGH, NC 27278 (919) 360-5651 | | | | ASSISTANT DISTRICT ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | STATE OF NORTH CAROLINA | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 2 | Electric Funds Tran | | 10/20/2014 | | \$ 50.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| C TODD ROPER 1160 SILK HOPE - LINDLEY MILL ROAD SILER CITY, NC 27344 (919) 842-2020 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | MOODY, WILLIAMS, ROPER & LEE | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Cash | | 10/22/2014 | | \$ 50.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| VIVIAN C SIMPSON 3204 WIMBERLY WOODS DRIVE SANFORD, NC 27330 (919) 721-7869 | | | | EDUCATION | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CENTRAL CAROLINA COMMUNITY COLLEGE | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 12/01/2014 | | \$ 50.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 466.38 | |

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 | |
| WHITNEY FOR CLERK COMMITTEE | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 (336) 570-1761 | | | ASSTANT DISTRICT ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field STATE OF NC | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 491.96 | |
| 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 | WEBSITE WWW.VOTEWHITNEY.OR | 10/27/2014 | \$ 29.00 | |
| <input type="checkbox"/> | | In-Kind | FACEBOOK BOOST | 10/31/2014 | \$ 12.38 | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 41.38 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 466.38 | |

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 |
| WHITNEY FOR CLERK COMMITTEE | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments |
| FAIRWAY OUTDOOR ADVERTISING, LLC 1920 WEST LEE STREET GREENSBORO, NC 27401 (336) 292-4242 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 370.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Check | A | 10/23/2014 | \$ 370.00 | BILLBOARD | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments |
| PAYPAL, INC. 2211 N. 1ST ST. SAN JOSE, CA 95131 (408) 376-7400 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 21.38 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 2 | Electric Funds Tran | O | 10/20/2014 | \$ 15.40 | TRANSACTION FEE | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments |
| VISTAPRINT USA, INC. 95 HAYDEN AVE LEXINGTON, MA 02421 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 89.90 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit Card | B | 10/27/2014 | \$ 89.90 | PALM CARDS | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 475.30 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 475.30 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| | | | | | | |
|---|---------------------------|--|--|---|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| WHITNEY FOR CLERK COMMITTEE | | | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | d. Type of Committee | | g. Comments |
| JOANN G MACK 7 MONTEITH CT DURHAM, NC 27713 (919) 308-1849 | | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | | e. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 09/11/2014 |
| | | | | | | i. Original Receipt Amount |
| | | | | | | \$ 100.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | | j. Election Sum to Date |
| ATTORNEY | | JOANN G. MACK, ATTORNEY AT LAW | | L | | \$ 125.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| 1 | Check | | | 12/02/2014 | \$ 100.00 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | d. Type of Committee | | g. Comments |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 (336) 570-1761 | | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | | e. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 11/02/2014 |
| | | | | | | i. Original Receipt Amount |
| | | | | | | \$ 233.92 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | | j. Election Sum to Date |
| ASSTANT DISTRICT ATTORNEY | | STATE OF NC | | P | | \$ 291.96 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| 1 | Check | FACEBOOK POST BOOSTS | | 12/16/2014 | \$ 233.92 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | d. Type of Committee | | g. Comments |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 (336) 570-1761 | | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | | e. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 10/20/2014 |
| | | | | | | i. Original Receipt Amount |
| | | | | | | \$ 850.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | | j. Election Sum to Date |
| ASSTANT DISTRICT ATTORNEY | | STATE OF NC | | P | | \$ 291.96 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| 1 | Check | LAMAR BILLBOARD | | 11/24/2014 | \$ 850.00 | |
| 4. Total only this Page | | | | | \$ 1,183.92 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 1,241.92 | |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other * Codes require detailed explanation in required remarks field (m) | | | | | | |

Refunds/Reimbursements From the Committee Pg 2 of 2 Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| | | | | |
|---|--|---|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| WHITNEY FOR CLERK COMMITTEE | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | g. Comments |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 (336) 570-1761 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Receipt Date |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 11/27/2014 |
| | | | | i. Original Receipt Amount |
| | | | | \$ 58.00 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | | j. Election Sum to Date |
| ASSTANT DISTRICT ATTORNEY | STATE OF NC | P | | \$ 291.96 |
| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
| 1 | Check | WEBSITE WWW.VOTEWHITNEY.ORG | 12/31/2014 | \$ 58.00 |
| 4. Total only this Page | | | | \$ 58.00 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | \$ 1,241.92 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other * Codes require detailed explanation in required remarks field (m) | | | | |

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 | |
| WHITNEY FOR CLERK COMMITTEE | | | |
| 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 | |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 (336) 570-1761 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 491.96 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| WEBSITE WWW.VOTEWHITNEY.ORG | | 10/27/2014 | \$ 29.00 |
| FACEBOOK BOOST | | 10/31/2014 | \$ 12.38 |
| | | | \$ |
| 4. Total only this Page | | \$ 41.38 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 41.38 | |

Account Transfers Within the Committee

Page 1 of 1

| | |
|---|--|
| Amendment | |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Use this form to transfer money between multiple bank, depository or credit accounts.

| | | | | |
|--|---|---------------------------------------|-----------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| WHITNEY FOR CLERK COMMITTEE | | | | |
| 3. Transfer Information | | | | |
| a. Amend | b. Account Code Transferred From | c. Account Code Transferred To | d. Date (mm/dd/yyyy) | e. Amount |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 2 | 1 | 10/20/2014 | \$ 484.60 |
| 4. Total only this Page | | | | \$ 484.60 |
| 5. Total of ALL CRO-1720 Pages <i>(This line must be on line 24 of Detailed Summary Page CRO-1100)</i> | | | | \$ 484.60 |

CRO-1720

NC State Board of Elections

December 2007

Contributions to be Reimbursed

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

| | | | |
|--|------------------------------|---|------------------|
| 1. Committee Full Name | | 2. ID Number | |
| WHITNEY FOR CLERK COMMITTEE | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 | | NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 | |
| a. Contribution Description | b. Date (m/m/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| LAMAR COMPANIES BILLBOARD | 10/20/2014 | N | \$ 850.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 | | NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 | |
| a. Contribution Description | b. Date (m/m/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| FACEBOOK POST BOOSTS | 11/02/2014 | N | \$ 233.92 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 | | NORMAN M WHITNEY JR 1514 BROADWAY DRIVE GRAHAM, NC 27253 | |
| a. Contribution Description | b. Date (m/m/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| WHITNEY FOR CLERK WEBSITE | 11/27/2014 | N | \$ 58.00 |
| 4. Total only this Page | | \$ 1,141.92 | |
| 5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | \$ 1,141.92 | |