07-07-14 11:30 RCVD

Disclosure Re Use this form for ge Do not use this form	neral re	port and committee i		7 – 0 7 – 1 4 ion, must be					endment  Yes   Mo  detailed forms.
1. Committee Info	_						· · · <del>- · · ·</del>		· · · · · · · · · · · · · · · · · · ·
a. Full Name	mation		<del></del>					r.	ID Number
	Elect To	ony Rose For School	Board						4D4JU3
b. Mailing Address (inc	lude City	, State and Zip Code)						d.	Date Filed
1706 Stratford Roa	d								07/07/2014
Burlington, NC 272	217							e.	Phone Number
									336-214-3512
2. Report Year	3. Per	iod Start Date (mm/c	ld/yy)	4. Period l	End Date	;	5. Treasurer Fu	ıll Naı	ne
2014		2/10/2014		06/3	0/2014		Anthony G. Ros	se	
6. Type of Commit	tee (Ch	eck One)	9. Typ	e of Report	(che	eck on	ly one type of repo	rt froi	m one category)
Candidate Camp	aign [	Party	Munici	pal		State/C		R	eferendum
□ РАС	[	Referendum		Organizational		$\boxtimes$	Organizational	[	Organizational
Independent Expenditure Legal Expense F	[] Fund	Joint Fundraiser		Thirty-five day	,	(	Quarterly		Pre-referendum
7. Type of Fund		olicable, check one)	1 🗆	Pre-primary		П	First		Final
"Booster Fund"	13.11		1 🗂	Pre-election	ĺ	X	Second	1	Supplemental Final
Building Fund			lΠ	Pre-runoff		ñ	Third		Annual
			—	Semi-annual			Fourth		Special
				Mid Year	r	— :	Semi-annual		
Other:				Year End	.		Mid Year	1	0. Special Report Name
				Final			Year End		
8. Number of Fund	lraisers	this Report	1 🗇	Special			Final		
001114411000			] _	•			Special		
11. Account Inform	nation	<del></del> .			11. Acc	ount l	Information		···
a. Financial Institution		ne			a. Financ	ial Inst	itution Full Name		
State Employees' C	redit U	nion							
b. Purpose		c. Account Code			b. Purpo	se			c. Account Code
Campaign		1							
		d. Period Begin Balanc	e						d. Period Begin Balance
		\$ 0.00							S
CERTIFICATION	1						<del></del>		
the NC General Star	tutes an d correc	e or Fund is in compl d that no funds are co ct and that I have bee	omming.	led with probled by the NC S	nibited or Stary Boa	other nd of I	non-disclosed fund Elections:	ds. I fi	22D-22M of Chapter 163 of urther certify that this report
	Print	ed Name of Signer		S	igilature of	Apppin	ted Treasurer		Date
FOR OFFICE USE ( Date Received:		7/7/14		Employee:		J	G	<u>Del</u>	ivery Method Normal Mail
Date Postmarke				Employee:	-				Normal Mall Registered Mail Hand Delivered
Date Scanned:				Employee:					Electronically Filed Signer has not received
Date Data Ente	ered:	<u></u>		Employee:	-			<u></u>	mandatory training
77							.1		

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.

Amendment

No

**Detailed Summary**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 Re-Elect Tony Rose For School Board	Organizational		4D4JU3
Start of Election Cycle: January 1,	2011	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 0.00	\$ 0.00
DECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1045.00	\$ 1045.00
6) Contributions from Individuals	(CRO-1210)	\$ 2573.27	\$ 2573.27
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		指示如果的	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.31	\$ 0.31
11b) Contributions from Not-for-Profit Organization	tions (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, 1	llc, lld and lle)	\$ 3618.58	\$ 3618.58
EXPENDITURES			
13) Disbursements	E 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	<b>对小学的人们的一个人们的一个人们们们们们们们们们们们们们们们们们们们们们们们们们们们们</b>	
13a) Operating Expenditures	(CRO-1310)	\$ 207.49	\$ 207.49
13b) Contributions to Candidates/Political Comm	ittees (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)	\$ 58.27	\$ 58.27
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	, 15, 16 and 17)	\$ 265.76	\$ 265.76
19) Cash on Hand at End (Add lines 4 and 12 together, then s	ubtract line 18)	\$ 3352.82	\$ 3352.82
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campai	gns) (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)	\$	\$

Page

<u>1</u>

Amendment Yes 🖂

No

Optional form used to report NC Contributions From Individuals of \$50 or less

		'ull Name (and Fur				2. ID N	lumber
Co	ommittee To	Re-Elect Tony Rose	For School Board				4D4JU3
3. (	Contributor	Information				,	
a. A	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	)	f. Amount
- $=$	Add Remove	1	Check		02/23/20	14	\$ 50.00
	Add Remove	1	Check		02/24/20	14	\$ 50.00
Ħ	Add Remove	1	Check		04/12/20	14	\$ 50.00
	Add	1	Check		05/06/20	14	\$ 50.00
	Add	1	PayPal		05/23/20	14	\$ 50.00
	Remove Add	1	Cash		06/20/20	14	\$ 50.00
	Remove Add	1	Cash		06/21/20		\$ 50.00
	Remove		Casii				
旹	Remove	1	PayPal		06/22/20	14	\$ 45.00
믐	Add Remove	1	PayPay		06/22/20	14	\$ 50.00
	Add	1	Check		06/23/20	114	\$ 50.00
	Add	1	Check		06/24/20	114	\$ 50.00
	Remove Add	1	Check		06/27/20	)14	\$ 50.00
	Remove Add	:	Check		06/28/20		\$ 50.00
	Remove	1	-				
	Remove	1	Cash		06/29/20	) 14	\$ 50.00
	Add Remove	1	Cash		06/29/20	)14	\$ 50.00
	Add	1	PayPal		06/29/20	)14	\$ 50.00
	Add Remove	1	PayPal		06/29/20	)14	\$ 50.00
	Add		Cash		06/30/20	)14	\$ 50.00
	Add	1	Cash		06/30/20	)14	\$ 50.00
	Remove Add	1	Cash		06/30/20	)14	\$ 50.00
	Remov Add	1	Cash		06/30/20	)14	\$ 50.00
	Remov	<u>'</u>					\$
	Remov					c	
		this Page				\$	1045.00
		LL CRO-1205   be on line 5 of Detailed S	Pages Summary Page CRO-1100)			\$	1045.00

$\sim$	• •	4 .	C	T 10 0 1	
Cont	ribii	fions	trom	Individuals	

Contri	butions fron	n Individuals			Pg	_1 of	6_	Yes	No No
Use this f	orm to report indi	vidual contributions o	ver \$50	or contribut	tions under	r \$50 if form CRO	O 1205 is not	used	
1. Comm	ittee Full Name (	and Fund if applical	ole)				2. ID Num	ber	
Committe	e To Re-Elect To	ny Rose For School B	oard					4D4JU3	
3. Contri	butor Informatio	n		Add .	] Rem	ove			
	e, Mailing Address &	Phone		b. Job Title/			d. Comments		
	city, state, & zip)	•		Assistant	Director o	f IS&T			
•	Glenn Rose tford Road			c. Employer	's Name/Sne	cific Field			
	n, NC 27217			Elon Univ		- I I I I I I I I I I I I I I I I I I I			
0	•				·		e. Election Su	ım to Date	
							\$	173.27	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	) II	j. Date (mm/dd/yy	yy)	k. Amount	
	1	PayPal				02/04/20	014	\$	15.00
	1	Check				02/10/2	014	\$	100.00
		Electronic		book Ad		03/07/2	014	\$	41.37
	butor Informatio			Add L	Rem	ove			
	ie, Mailing Address & city, state, & zip)	k Phone		b. Job Title/	Profession Director o	fig&T	d. Comments		<del>.</del>
	Glenn Rose			71331314111	Director o	11001			
	tford Road			c. Employer	's Name/Spe	cific Field			
Burlingto	n, NC 27217			Elon Univ	versity				
							e. Election Su	ım to Date	<del>-</del> .
	<del></del>						\$	173.27	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	on	j. Date (mm/dd/yy	уу)	k. Amount	•••
		Electronic	Face	book Ad		04/01/20	014	\$	16.90
			ļ <u></u>					\$	
							<u></u>	\$	
	butor Informatio			Add [		ove	т.		
	ne, Mailing Address &	& Phone		b. Job Title/			d. Comments	i	
Pam Tho	city, state, & zip)			Unemploy	yeeu				
	aney Drive			c. Employer	's Name/Spe	cific Field			
	n, NC 27215			N/A					
							e. Election St	ım to Date	
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	on	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				02/10/2	014	\$	75.00
			_					\$	
		<u> </u>	<u> </u>	<u></u>			· · · · · · · · · · · · · · · · · · ·	\$	
	l only this Pag						\$		248.27
	of ALL CRO	-					\$		2573.27
(This lin	e must be on line 6 of	Detailed Summary Page C	RO-1100	)					

Amendment

## **Contributions from Individuals**

					Amei	nament		
n Individuals	Pg	_2	of	6_		Yes	$\boxtimes$	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 4D4JU3 Committee To Re-Elect Tony Rose For School Board 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Retired Van Poteat 1324 Tucker Street c. Employer's Name/Specific Field N/A Burlington, NC 27215 e. Election Sum to Date S 150.00 k. Amount h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code 50.00 \$ 1 Check 02/17/2014 \$ 100.00 05/22/2014 1 Check S Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Retired (include city, state, & zip) Jim Hair c. Employer's Name/Specific Field 1321 Ridgecrest Avenue Burlington, NC 27215 N/A e. Election Sum to Date 200.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment f. Prior \$ 200.00 03/18/2014 1 Check \$ \$ Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone VP of Business Development (include city, state, & zip) Dan James c. Employer's Name/Specific Field 1660 Stratford Road Carolina Biological Supply Co. Burlington, NC 27217 e. Election Sum to Date 100.00 \$ j. Date (mm/dd/yyyy) k. Amount h. Form of Payment i. In-Kind Description f. Prior g. Account Code \$ 100.00 03/18/2014 1 Check \$ П \$ \$ 450.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 2573.27 (This line must be on line 6 of Detailed Summary Page CRO-1100)

$\sim$		, •	C	T 31	
( An	frihi	ifianc	trom	Individual	e.
$\sim om$				INUITIGUAL	

Use this f	orm to report indi	vidual contributions of	over \$50	or contrib	outions unde	r \$50 if form CR	O 1205 is no	t used	
1. Comm	ittee Full Name (	and Fund if applica	ble)				2. ID Num	ber	
Committe	ee To Re-Elect To	ny Rose For School E	Board				 	4D4JU3	
3. Contri	butor Informatio	n		Add	Rem	ove			
	ıe, Mailing Address <b>ó</b>	& Phone			le/Profession		d. Comment	S	
	city, state, & zip)			Softwar	e Engineer				
Matthew	Holt nanti Blvd.			- FI					
Raleigh, I				Cisco S	er's Name/Spe	cine Field	-		
114101511, 1	.027012			0.300 5	ystems		e. Election S	um to Date	
336-675-3	3258						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	PayPal				06/22/2	014	\$	75.00
			ļ					\$	
								\$	
3. Contri	butor Informatio	n		Add	Rem	ove			
a. Full Nam	ie, Mailing Address &	Phone		b. Job Titl	le/Profession		d. Comments	S	•
	city, state, & zip)	<u></u>		Owner					
	Dingeldein								
	ngdon Place				er's Name/Spe				
Burningto	n, NC 27217			Alaman	ce Eye Cent	ег	e. Election S	um to Date	
336-584-	7896						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	 	tion	j. Date (mm/dd/yy	vv)	k, Amount	
	1	Check		•		06/23/20		\$	200.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add	Rem	ove		<u></u>	
a. Full Nam	e, Mailing Address &	Phone		b. Job Titl	e/Profession		d. Comments	3	•
	city, state, & zip)			Adjunct	Professor				
Johnathan									
5500 Joyf	•				er's Name/Spe	cific Field			
Burningto	n, NC 27217			Elon Un	iiveisity		e, Election S	um to Date	
336-421-6	5533						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	 (ind Descript	tion	j. Date (mm/dd/yy	 vv)	k. Amount	<del> </del>
	1	PayPal				06/23/20		\$	100.00
		· · · · · · · · · · · · · · · · · · ·						\$	
			1					\$	
4. Total	only this Page	<del> </del>					\$	J	375.00
	of ALL CRO					70.	<u> </u>	· · ·	<u> </u>
		Detailed Summary Page ()	RO-1100	))			\$		2573.27

Amendment Yes 🖂

of

No

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

					Amen	dment		
ontributions from Individuals	Pg	4	of	6_		Yes	$\boxtimes$	No
- 41:- 5 4		CCO : C C	CDA	1205 :	t usad			

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 4D4JU3 Committee To Re-Elect Tony Rose For School Board 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Brownie Gothorpe c. Employer's Name/Specific Field 433 North NC 87 Burlington, NC 27217 N/A e. Election Sum to Date 336-584-9538 \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 06/23/2014 S 100.00 5 S Remove Add 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments Retired (include city, state, & zip) Dianne Moore c. Employer's Name/Specific Field 1907 Wellington Rd Burlington, NC 27217 N/A e. Election Sum to Date 336-584-2721 S 100.00 k. Amount g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior 06/23/2014 \$ 100.00 1 Check \$ \$ Remove  $\Lambda dd$ 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Owner (include city, state, & zip) Albert Freeman c. Employer's Name/Specific Field 111 Trail One Suite 200 Freeman Electric Burlington, NC 27215 e. Election Sum to Date 336-516-4522 300.00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior S 300.00 Check 06/24/2014 1 \$ \$ \$ 500.00 4. Total only this Page

April 2007 NC State Board of Elections CRO-1210

\$

2573.27

## Contribu

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

					Amei	nament		
itions from Individuals	Pg	_5	of	6_		Yes	$\boxtimes$	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 4D4JU3 Committee To Re-Elect Tony Rose For School Board 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Vice President Todd Owens c. Employer's Name/Specific Field 217 Oakland Drive PNC Bank Burlington, NC 27215 e. Election Sum to Date 332-263-7150 \$ 100.00 k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description \$ 100.00 1 Check 06/26/2014 S S Remove Add 3. Contributor Information b, Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Retired (include city, state, & zip) Dexter Barbee 127 Meadowood Drive c. Employer's Namc/Specific Field Burlington, NC 27215 N/A e. Election Sum to Date 336-584-1178 300.00 k. Amount g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior 300.00 06/29/2014 \$ 1 Check \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Associate Dir of Inst Research (include city, state, & zip) Rhonda Belton c. Employer's Name/Specific Field 967 Wyckshire Court Elon University Whitsett, NC 27377 e. Election Sum to Date 336-675-7080 100.00 k. Amount h, Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code S 100.00 06/30/2014 Check \$ \$ 500.00 \$ 4. Total only this Page

April 2007 NC State Board of Elections CRO-1210

\$

2573.27

							Amendment	
Contri	butions fron	n Individuals		Pg	6 of	6	Yes	No No
Use this f	orm to report indi	vidual contributions or	ver \$50	or contributions under	\$50 if form CRO	D 1205 is not	t used	
1. Comm	ittee Full Name (	and Fund if applicab	le)			2. ID Num	ber	
Committe	ee To Re-Elect To	ny Rose For School Bo	oard				4D4JU3	
3. Contri	butor Informatio	n		Add Rem	ove			
a. Full Nan	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	3	
	city, state, & zip)			Owner				
Joe Tickle								
3148 Gar				c. Employer's Name/Spe	cific Field			
Burlingto	n, NC 27215			Joe's Raygo Service		e. Election Su	um to Data	
336-584-0	11 <i>77</i>					e, Election Su	III to Date	
330-304-0	5177					\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			06/30/20	)14	\$	300.00
							\$	
							\$	1
3. Contri	butor Informatio	n .		Add Rem	ove			
a. Full Nam	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	i	
	city, state, & zip)			Owner				
Al Fogler								
	nial Drive			c. Employer's Name/Spe				
Burlingto	n, NC 27215			Sawyer Terminating		e. Election Su	ım to Date	
								<del></del>
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			06/30/20	)14	\$	200.00

a. Full Nai	me, Mailing Address &	& Phone		b. Job Title/Profession	<u> </u>	d. Commer	118	
	city, state, & zip)			Owner				
Joe Tick!								
	rden Road			c. Employer's Name/S	<del></del>			
Burlingto	on, NC 27215			Joe's Raygo Servi	ce			
226 504	0.177					e. Election	Sum to Date	
336-584-	-0177					\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd.	/уууу)	k. Amount	
	1	Check			06/30	/2014	\$	300.00
							\$	
							\$	
3. Contr	ibutor Informatio	on .		Add 🗌 Re	emove			
a. Full Nai	me, Mailing Address d	& Phone		b. Job Title/Profession	n	d. Commer	ıts	
(include	city, state, & zip)			Owner				
Al Fogle	man							
307 Colo	nial Drive			c. Employer's Name/S	Specific Field			
Burlingto	on, NC 27215			Sawyer Terminati	ng			
_						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description	j. Date (mm/dd	/уууу)	k. Amount	
	1	Check			06/30	/2014	\$	200.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Λdd □ Re	emove		<u> </u>	
	me, Mailing Address &			b. Job Title/Professio	n	d. Commet	ıts	L.
	city, state, & zip)							
				e. Employer's Name/S	Specific Field	$\dashv$		
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	/уууу)	k. Amount	
							\$	
							\$	
							\$	
	l only this Pag					\$		500.00
	of ALL CRO	0-1210 Pages Detailed Summary Page C	מנו חקר	, (1)		\$		2573.23
CRO-12		Detauea Summary Fage C	AU-110	NC State Board of Elect	ions	1		April 200
J.1.0-12.	• •							•

				Amer	idment		
Disbursements	Pg	<u>1</u>	of <u>4</u>		Yes	$\boxtimes$	No
Is a this form to report expenditures from the committee for exerctive	* 0111000000	aantei	butions to sondide	talmalit	laal		

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			
	Committee To Re-Elect Tony Rose For School Board 4D4JU3								
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform			Add		Remove	oraniaco rutty Experiationes			
•			b. Coordinated Con			d. Comments			
i	ng Address & Phone		D. Coordinated Con	imittee Na	ате	d. Comments			
(include city, state,			4						
Board of Electic						4			
115 S. Maple St			c. Level Registered			_			
Graham, NC 27	253		Federal Federal	$\boxtimes$	County:				
			State		Municipality:	e. Election Sum to Date			
						\$ 5.00			
						\$ 3.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks			
	OI /		00/10/2017		45.00	Filing Fee			
1	Check	О	02/10/2014		\$5.00				
					\$				
4. Payee Inform	ation		Add	$\Box$	Remove	<u> </u>			
			b. Coordinated Con	mitto No		d. Comments			
	ng Address & Phone		77. Coordinated Con	intitiee 142		d. Comments			
(include city, state,			1						
State Emp Cred						-{			
1172 St. Mark's			c. Level Registered (	• •		_			
Burlington, NC	27215		Federal	$\boxtimes$	County:				
			State		Municipality:	e. Election Sum to Date			
336-538-4734					\$ 11.00				
f. Account Code	a Form of Bormant	h. Purpose Code	i. Date (mm/dd/y	*****	j. Amount	k. Required Remarks			
I. Account Code	g. Form of Payment	ii. I ai pose Code	L Date (mm/du/y	ууу)	J. Amount				
1	Debit	О	02/19/2014		\$7.00	Check Fee			
					-				
1	Debit	О	03/03/2014		\$1.00	Monthly Account			
		<u> </u>				Fee			
4. Payee Inform	ation		Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Com	mittee Na	ame	d. Comments			
(include city, state,	& zip)								
The Times-New	'S								
707 S. Main Str	eet		c. Level Registered (	Specify)		]			
Burlington, NC	27215		Federal	$\overline{\boxtimes}$	County:	1			
			State	Ħ	Municipality:	e. Election Sum to Date			
336-506-3062				<del></del>					
330-300-3002						\$ 165.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	יעען	j. Amount	k. Required Remarks			
n recount code	g. r orm or r ayment		Ti Dute (minus)	3337	ji modul	Chamber 100 <sup>th</sup>			
1	Check	A	03/06/2014		\$165.00	Anniversary Ad			
			<del></del>			Anniversary Ad			
					\$				
					J				
5. Total only thi						\$ 178.00			
	CRO-1310 Pages		_						
_	line 13a of Detailed Sun					\$ 207.49			
	line 13b of Detailed Sun								
	line 13c of Detailed Sun			Expendita	res)	<u> </u>			
	es (List detailed ex								
A* - Media	B* - Printing	C* - Fund			D - To Anoth				
E - Salaries	F* - Equipment					Public Office Expenses			
I - Postage	J - Penalties	K* - Offi	ce Expenses		Q* - Donatio	on to Legal Expense Fund			
O* - Other	1 / 11 1 1 1 1								
n Codes requir	e detailed explanati	ion in required re	emarks neid (K)						

Disbursements

Amendment  $\boxtimes$ 

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 F	Re-Elect Tony Rose	For School Board						4D4JU3
3. Type of Disb	ursement <i>(Plea</i>	se use separate C	RC	0-1310 forms for ea	ch ty	pe of Disbursem	ent.)	
Operating E				lates/Political Committee				l Party Expenditures
4. Payee Inform	ation	П	Α	Add		Remove		
	ng Address & Phone		_	. Coordinated Commit	tee Na		d. Cor	mments
(include city, state,	=							
State Emp Cred			1					
1172 St. Mark's				Level Registered (Spe	eife)		1	
Burlington, NC			1			County:	-	
But inigion, 110	27215		╽╏	State		Municipality:	e Fle	ction Sum to Date
336-538-4734								CHOIL BUILT TO DATE
330-336-4734							\$ 1	1.00
f. Account Code	g. Form of Payment	h. Purpose Code	Ц.,	i. Date (mm/dd/yyyy)		j. Amount	Ir Day	quired Remarks
i. Account Code	g. Pot in or Payment	m r ar pose code		i. Date (inin/du/yyyy)		J. Atmount		thly Account
1	Debit	0		04/01/2014		\$1.00	l	inly Account
							Fee	thly Account
1	Debit	0		05/01/2014		\$1.00	1	inly Account
4 D Y C		<u> </u>	_	1.1		D	Fee	
4. Payee Inform			_	Add	<u> </u>	Remove		
· · · · · · · · · · · · · · · · · · ·	ng Address & Phone		b.	. Coordinated Commit	tee Na	me	a. Co	mments
(include city, state,	& zip)		4					
PayPal.com			ļ					
			c.	. Level Registered (Spe				
	☐ Federal 🔀 County:							
	State Municipality:					Municipality:	e. Ele	ction Sum to Date
							\$ 2	6.49
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	)	j. Amount	k. Rec	quired Remarks
		_						al Fee
l	Debit	О		05/06/2014		\$1.75		
							PavP	'al Fee
1	Debit	0		06/22/2014		\$1.61	, -	
4. Payee Inform	lation		Α	Add		Remove		
<del>'</del>	ng Address & Phone		_	, Coordinated Commits	tec Na		d. Co	mments
<b>.</b>	•			, coordinated commit				
(include city, state, PayPal.com	& zip)		┨					
rayrai.com			F-	Level Registered (Spe-	cify)			
			F.		$\boxtimes$	County:		
			╽┟	State	$\exists$	Municipality:	a Fla	ction Sum to Date
			L	_j State		wumerpanry.	e. Ele	etion ann to bate
							\$ 2	6.49
f tossumt Code	a Form of Boumant	h. Purpose Code		: Data (mm/dd/man)		i Amount	l Day	quired Remarks
f. Account Code	g. Form of Payment	n. r ar pose code		i. Date (mm/dd/yyyy)	,	j. Amount	•	al Fee
1	Debit	О		06/22/2014		\$2.48	Payr	ai ree
		-					D D	1.5
1	Debit	0		06/22/2014		\$1.75	Payr	al Fee
	<u> </u>	L				l	Ф.	0.50
5. Total only thi							\$	9.59
	CRO-1310 Pages	B CBO 110						
	line 13a of Detailed Sun		-		n - Har -	-10	\$	207.49
	line 13b of Detailed Sun							
	line 13c of Detailed Sun				enatu	res)	<u> </u>	
<u> </u>	es (List detailed ex						<u> </u>	
A* - Media	B* - Printing	C* - Fund				D - To Anothe		idate Office Expenses
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic K* - Offic						gal Expense Fund
O* - Other	J - renames	K" - Ulli	LT I	pyhenses		Q - Donatio	1.6	gar Dapense r unu
•	e detailed explanat	ion in required r	em	arks field (k)				
				\ -/				*****

				Amendment
Disbursements	Pg	<u>3</u>	of <u>4</u>	Yes Yes

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. 1D Number									
	Committee To Re-Elect Tony Rose For School Board 4D4JU3								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E		Contributions to C		dates/Political Committe	ees		ordinated Party Expenditures		
4. Payee Inform		<u> </u>	$\overline{}$	Add	Ш_	Remove			
a. Full Name, Mailing Address & Phone			Į.	o. Coordinated Commi	ittee Na	ame	d. Comments		
(include city, state,									
State Emp Cred							_		
1172 St. Mark's			0	. Level Registered (Sp					
Burlington, NC	27215		[	Federal	$\boxtimes$	County:			
227 520 1524			닏	State		Municipality:	e. Election Sum to Date		
336-538-4734							\$ 11.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks		
1	Debit	О		06/2/2014		\$1.00	Monthly Account Fee		
						\$			
4. Payee Inform	l	<u> </u>		Add		Remove	<u> </u>		
· ·			$\overline{}$	suu o, Coordinated Commi	ittee No		d. Comments		
(include city, state,	ng Address & Phone		-	. Journaled Coulin	147				
PayPal.com	& zip)		$\dashv$						
1 ayr ancom			<u> </u>	. Level Registered (Sp	ecify)		1		
			Ϊ́	Federal	$\boxtimes$	County:	1		
			ז	State		Municipality:	c. Election Sum to Date		
			F		—	<u> </u>	0.0640		
							\$ 26.49		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks		
1	Debit	0		06/23/2014		\$3.20	PayPal Fee		
1	Debt	0		06/24/2014		\$9.00	PayPal Fee		
4. Payee Inform	ation			Add		Remove			
·· <del>·</del>	ng Address & Phone		$\overline{}$	b. Coordinated Committee Name			d. Comments		
(include city, state,	· ·		F		<u>`</u>				
PayPal.com	& zipj		=						
Tuj Tui.oom				. Level Registered (Sp	ecify)		1		
				Federal	$\square$	County:	1		
			l i	State		Municipality:	e. Election Sum to Date		
							\$ 26.49		
f. Account Code	g. Form of Payment	h, Purpose Code		i, Date (mm/dd/yyy	y)	j. Amount	k, Required Remarks		
1	Debit	0		06/29/2014		\$1.75	PayPal Fee		
1	Debit	0		06/29/2014		\$1.75	PayPal Fee		
						]	\$ 16.70		
5. Total only th							\$ 16.70		
	CRO-1310 Pages	Da CDC 1	100 :	Congrating European					
	line 13a of Detailed Sur line 13b of Detailed Sur				:/Paliti	cal Camm)	\$ 207.49		
	tine 13b of Detailed Sur line 13c of Detailed Sur								
			_		penum				
7. Purpose Cod A* - Media	es (List detailed ex B* - Printing	penditure code i C* - Fu				D. To Anot	ner Candidate		
E - Salaries	F* - Frinting F* - Equipment						g Public Office Expenses		
I - Postage	J - Penalties			Expenses			on to Legal Expense Fund		
O* - Other				•		-			
* Codes require detailed explanation in required remarks field (k)									

No

					Amendm	e
Disbursements	Pg	<u>4</u>	of	<u>4</u>	Y	c

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated		

	ull Name (and Fun	·					2. ID Number
Committee To F	Re-Elect Tony Rose	For School Board					4D4JU3
3. Type of Disbu				-1310 forms for eac	h ty	pe of Disbursem	ent.)
Operating E				ites/Political Committees			ordinated Party Expenditures
4. Payee Inform		П		dd	7	Remove	
		با		Coordinated Committee	<u>-</u> ըNo		d. Comments
	ng Address & Phone		ļ.,	Coordinated Committee	. 144		
(include city, state,	& zip)		1				
PayPal.com			<u></u>				-
			ç,	Level Registered (Special			-
			L	Federal 🔀	<u> </u>	County:	
				State		Municipality:	e. Election Sum to Date
							\$ 26.49
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	-	j. Amount	k. Required Remarks
1	Debit	0		06/30/2014		\$3.20	PayPal Fee
						\$	
4. Payee Inform	 lation		 A	dd [	]	Remove	<u> </u>
	ng Address & Phone		_	Coordinated Committe	e Na		d. Comments
(include city, state,	-					· · ·	
tineinde enty, state,	œ <u>лір)</u>		1				
			_	Level Registered (Speci	fwl		†
1			C.		1 <i>))</i>	Country	1
			-	Federal	-	County:	a Flastian Sum to Data
			1	State	┙	Municipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
						\$	
						\$	
4. Payee Inform	lation		A	.dd		Remove	
	ng Address & Phone		b.	Coordinated Committe	e Na	ıme	d. Comments
(include city, state,							
(menute eny, state,	cs zapj		1				
			_	Level Registered (Speci	fv)		1
<u> </u>			F	Federal	7	County:	†
			-	=======================================	╡	•	e. Election Sum to Date
			닏	State	ᆜ	Municipality:	e. Election 3dill to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
						\$	
· · · · · · · · · · · · · · · · · · ·						\$	
		l		<u> </u>		] ~	
5. Total only th							\$ 3.20
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sur	nmary Page CRO-116	10 if	Operating Expenses)			\$ 207.49
				Contrib to Candidates/P			
(This line goes in	line 13c of Detailed Sur	nmary Page CRO-110	10 if	Coordinated Party Expen	iditu	ires)	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.)	) above)			
A* - Media	B* - Printing	C* - Fun	dra	ising		D - To Anoth	
E - Salaries	F* - Equipment	<b>G</b> - Politi	call	Party			g Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ice E	Expenses		Q* - Donatio	on to Legal Expense Fund
O* - Other							
* Codes requir	e detailed explanat	ion in required r	em	arks field (k)			

	_			
In-Kind	d Con	ıtrihn	tione	

Amendment  $Pg = \underline{1}$  of  $\underline{1}$   $\square$  Yes  $\square$  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)							2. ID Number		
Committee To Re-Elect Tony Rose								4D4JU3	
3. Contributor Information		Ađd		Remove	<del></del>				
a. Full Name, Mailing Address & Phone			- <del></del>	b. Typ	e of C	ontributor	c. Con	iments	
(include city, state, & zip)					Indiv	vidual			
Anthony Glenn Rose					Cano	lidate			
1706 Stratford Road					Party				
Burlington, NC 27217					PAC				
						rendum	d. Elec	etion Sum to Date	
					Othe	r Receipt Source	\$	173.27	
e. Description					_	f. Date (mm/dd/yyy	у)	g. Fair Market Amount	
Facebook Ad						03/07/2014	ļ	\$ 41.37	
Facebook Ad	•					04/01/2014	1	\$ 16.90	
								\$	
3. Contributor Information		Add		Remove	;	<u></u>		·	
a. Full Name, Mailing Address & Phone				b. Typ	e of C	ontributor	c. Con	iments	
(include city, state, & zip)					Indiv	vidual			
					Cano	lidate			
					Party				
					PAC				
						rendum	d. Elec	ction Sum to Date	
					Othe	r Receipt Source	\$		
e. Description		-				f. Date (mm/dd/yy	y)	g. Fair Market Amount	
								\$ 	
								\$	
								\$	
3. Contributor Information		Add	I I	Remove	;	100			
a. Full Name, Mailing Address & Phone				b. Typ		ontributor	e. Con	ıments	
(include city, state, & zip)				↓∐		vidual			
						lidate			
				H	Party PAC				
				腨		rendum	d Flee	ction Sum to Date	
				ᄖ		r Receipt Source	u. Dic	tion ball to bate	
						-	\$		
e. Description						f. Date (mm/dd/yyy	(Y)	g. Fair Market Amount	
								\$	
								\$	
								\$	
4. Total only this Page							\$	58.27	
5. Total of ALL CRO-1510 Pages							\$	58.27	
(This line must be on line 17 of Detailed S	ummar	y Page CRO-1100	))				Ф	36.27	

Other Receipt Sources

e 1 c

Amendment Yes

No

 $\boxtimes$ 

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee F	2. ID	Number						
Committee To I		4D4JU3						
<u> </u>								
3. Type of Rece	ipt Source	(Please use separate CRO-12		<del></del>	Rece	i <u>pt Source.)</u>		
Interest	<del></del>	Contributions from Not-for-	Profit Organ	nizations	Out	side Sources of Income		
4. Contributor		Add	· · · ·	Remo	ve			
	ng Address & Phone		b. Not-fo	r-Profit Federal ID	#	d. Comments		
(include city, stat			1					
State Employee								
1172 St. Mark's			c. Outsid	e Source Explanation	)n			
Burlington, NC	27215				:			
276 720 1721						e. Election Sum to Date		
336-538-4734						\$ 0.31		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	уу)	j. Amount		
1	Credit			03/03/2014		\$ 0.03		
1	Credit			04/01/2014	1	\$ 0.07		
4. Contributor l	Information	L □ Add		I Remo	ve	1		
	ng Address & Phone		h Not-fo	r-Profit Federal ID		d. Comments		
(include city, stat	_		D. 1101-10	1-110III T CUCTAI ID	"	u. Comments		
State Employees			1					
1172 St. Mark's			c. Outsid	e Source Explanatio	n			
Burlington, NC				2 Source Explanation	<u>.                                  </u>			
,						e. Election Sum to Date		
336-538-4734						G 0.21		
						\$ 0.31		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	yy)	j. Amount		
1	Check			05/01/2014	ļ	\$ 0.09		
1	Check							
				06/02/2014	ļ	\$ 0.012		
4. Contributor J	Information	☐ Add		Remove				
a. Full Name, Mailir	ng Address & Phone		b. Not-fo	r-Profit Federal ID	#	d. Comments		
(include city, stat	e, & zip)							
			c. Outsid	e Source Explanatio	П			
						e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h, In-Kind Description		i. Date (mm/dd/yy	уу)	j. Amount		
						\$		
						\$		
5. Total only	this Page	· · · · · · · · · · · · · · · · · · ·				5 0.31		
6. Total of AI	LL CRO-1250 Page	S						
(This line goes in	line 11a of Detailed Summary	Page CRO-1100 if Interest)			[	2 0.21		
		Page CRO-1100 if Not-for-Profit Con	tribution)		, ;	\$ 0.31		
-	(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)							