A. Full Name Committee to Elect James G. McClue III D. Mailing Addres (include City, State and Zip Codo) P.O. Box 665 Graham, N.C., 27233 10-26-15 12:44 RCVD 1026/2015 2. Report Year 3. Period Start Date (minodolyy) 2015 9/23/2015 10/9/2015 36-266-2802 2. Report Year 3. Period Start Date (minodolyy) 2015 9/23/2015 10/9/2015 36-266-2802 36-266-2802	1. Committee Information	on in				
h. Mailing Address (include City, State and Zip Code) P.O. Box 665 Graham, NC, 27253 10-26-15 12:44 RCVD 2015 P.O. Box 665 Graham, NC, 27253 10-26-15 12:44 RCVD 2016 P.O. Box 665 Graham, NC, 27253 10-26-15 12:44 RCVD 2017 P.O. Box 665 Graham, NC, 27253 2016 P.O. Box 665 Graham, NC, 27253 2017 P.O. Box 665 Graham, NC, 27253 2018 P.O. Box 665 Graham, NC, 27253 2018 P.O. Box 665 Graham, NC, 27253 2018 P.O. Box 665 Graham, NC, 27253 2019 P.O. Box 665 P.O. Box 6666 P.O. Box 6666 P.O. Box 6666 P.O. Box 66666 P.O. Box 666666 P.O. Box 6666666 P.O. Box 66666666 P.O. Box 666666666 P.O. Box 66666666666666666666666666666666666						c. ID Number
P.O. Box 665 Graham, N.C, 27253 10-26-15 12:44 RCVD 10/26/2015 e. Phone Number 336-266-2802 2. Report Year 3. Period Start Date (min/dd/yy) 2. Report Year 3. Period Start Date (min/dd/yy) 2. Report Year 4. Period End Date (min/dd/yy) 2. Report Year 3. Period Start Date (min/dd/yy) 2. Report Year 3. Period Start Date (min/dd/yy) 2. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 2. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 2. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 8. Stort-County Referendum 1. Pre-efferendum 1. Type of Fund 1. Pre-efferendum 2. Type of Fund 3. Stort-County Referendum 4. Type of Fund 4. Pre-efferendum 4. Type of Fund 5. First 6. First 6. First 7. First 7. First 8. Supplemental Final 8. Second 8. Supplemental Final 9. Fourth 9. Second 9. First 9. First	Committee to Elect James	s G. McClue III				
Candidate Campaign Party Pre-rior Report Check only Pre-rior Report Pre-rior		ity, State and Zip Code)				d. Date Filed
10-26-15 12:44 RCVD		<i>₩</i> .		0.		10/26/2015
2015 9/23/2015 10/19/2015 James Griffin McClure III 5. Type of Committee (Check One) Candidate Campaign	Granam, NC, 21233		10-26	5-15 12:44	RCVD	
A. Period End Date (mm/dd/yy) A. Period End Date (mm/dd/yy) James Griffin McClure III		<u> </u>				e. Phone Number
S. Treaturer Full Name S. Trype of Committee (Check One) S. Type of Report Some Griffin McClure III		1	I -			336-266-2802
6. Type of Committee (Check One) Candidate Campaign	2. Report Year 3. Pe	eriod Start Date (mm/dc			5. Treasurer F	ull Name
Candidate Campaign Party Municipal State/County Referendum Pac Referendum Organizational Org	2015	9/23/2015			James Griffin N	McClure III
Candidate Campaign				port (check c	 only one type of rep	ort from one category)
Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Pre-primary Espendiure Legal Expense Fund Pre-primary First Final Supplemental Final Semi-annual Fourth Special Fourth Special Final Pre-primary First Pre-primary Pre-primary First Pre-primary Pre-primary First Pre-primary Pre		Party	Municipal	State		T T T T T T T T T T T T T T T T T T T
Expenditure			Organizat	tional	Organizational	Organizational
Pre-primary First Final Supplemental Final	Expenditure	Joint Fundraiser	Thirty-fiv	e day	Quarterly	
Building Fund Building Annual Seminanual Building Fund Buildin			_		• 10	, .
Building Fund Pre-runoff Third Annual Semi-annual Fourth Annual Special Annual Special Semi-annual Special Semi-annual Special S		oplicable, check one)			First	Final
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11. Account Information 11. Account Information 2. Financial Institution Full Name 3. Financial Institution Full Name 3. Financial Institution Full Name 4. Financial Institution Full Name 4. Period Bank 5. Purpose 5. Account Code 5. Purpose 6. Account Code 6. Purpose 6. Account Code 6. Period Begin Balance 6. Period Begin Balance 7. Septim Balance 8.						
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d. Period Begin Balance \$ 1818.44 SCERTIFICATION certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 he 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.	. Financial Institution Full Nar Wells Fargo Bank	7. A				
\$ 1818.44 \$ CERTIFICATION certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 he NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this reposit complete, true and correct and that I have been trained by the NC State Board of Elections. Jet Mcluce Jet	. Financial Institution Full Nai Wells Fargo Bank . Purpose	7. A		b. Purpose		c. Account Code
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Disclosure Report Cover

Amendment

Detailed Summary

Use this form to summarize all disclosure reporting forms and to			rmation.		
	ype of Report	:		3. II) Number
Committee to Elect James 6 MCluse	Fre-1	Ele	ction		
Start of Election Cycle: January 1, 2	012		Total this		Total this
4) Cash on Hand at Start			Reporting Period		Election Cycle
RECEIPTS		\$	1818.44		\$ 0
	(CRO-1205)	\$	125		\$ 334
6) Contributions from Individuals	(CRO-1210)	\$	1350		\$ 6375
7) Contributions from Political Party Committees	(CRO-1220)	\$			\$
8) Contributions from Other Political Committees	(CRO-1230)	\$		3	\$
9) Loan Proceeds	(CRO-1410)	\$		3	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		5	\$
11) Other Receipt Sources					THE PROPERTY OF THE
11a) Interest on Bank Accounts	(CRO-1250)	\$		9	Б
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		9	\$
11c) Outside Sources of Income	(CRO-1250)	\$		9	5
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		9	5
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		9	5
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d c	and 11e)	\$	1475	\$	6709
EXPENDITURES					ori i na sa na para para para para para para para
13) Disbursements	,				
13a) Operating Expenditures	(CRO-1310)	\$	835.89	\$	S 4241.45
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	5
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	3
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)	\$		\$	5 10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$	835.89	\$	4251.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$	2457.55	\$	2457.55
ADDITIONAL INFORMATION	ſ				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			The state of the s
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	·
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

Amendment

Yes

Amendment

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Yes

No

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

1. Committee Full Name (and Fund if applicable)

		Jame (and Fun James G. McCli	id it applicable) ire III			2. ID	Number	
3. Co	ntributor Info	rmation						
a. Am	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	v)	f. Amount	
	Add	1	Check		09/21/2		\$ 20	
:	Add				07/21/2		\$ 20	
	Remove	1	Check		09/22/2	015	\$ 25	
	Add Remove	1	Check		10/01/2	015	\$ 30	
	add isemove	1	Check		10/02/2	015	\$ 25	
一	Add Remove	1	Check		10/03/20	015	\$ 25	
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<u> </u>	Remove						\$	
	tal only this					\$	125	
5. To	otal of ALL (CRO-1205 Pa	ages					
			nmary Page CRO-1100)			\$	125	

		lividual contributions	· · · - · · · · · · · · · · · ·	^	Pg 1 of	f <u>5</u>	Yes	No No
		lividual contributions (and Fund if applica		0 or contributions ui	nder \$50 if form CF	RO 1205 is i		
	tee to Elect James		tote)			2. 1D Nu	Imber	
: 41	ibutor Informati	on		Add R	Remove			
	me, Mailing Address			b. Job Title/Profession		d. Comme		
	e city, state, & zip)			Director of Opera		и, Сонинс	nts	
Frank Ra					ations			
	eystone Place Cou			c. Employer's Name/	Specific Field	-		
Winston	Salem, NC, 2710	6-2620		Contract Packagi		-		
336-414-	-1275			Resources Inc.		e. Election	Sum to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	<u> </u>	k. Amount	
	1	Check			9/25/20	015	\$	200
							\$	
						-	\$	
	ibutor Informatio			Add R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	14 E 17 (VE) VE VENEZUE	d. Commer	nte	
	city, state, & zip)			Attorney		ui comme.	113	
John Cox								
912 Hanf	ord Road			c. Employer's Name/S	Specific Field	-		
	NC, 27253			Self - John Cox A		1		
336-260-	8708			Law	•	e. Election	Sum to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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	city, state, & zip)			VP Project Service	e			
- arion Jo								
	llenge Drive			c. Employer's Name/S		1		
	NC. 27253			Crawford Insurance	ce			
336-213-6	5884					e. Election S	Sum to Date	-
						\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yy	<u></u> уу)	k. Amount	
	1	Check			9/23/20		\$	50
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	only this Page					\$	-	450
	of ALL CRO-					\$		1250
(This line	must be on line 6 of L	Detailed Summary Page Cl	RO-1100)			Ψ		1350

Contributions from Individuals

		om Individuals dividual contributions	over \$5	P _i 0 or contributions un	g <u>2</u> of der \$50 if form CI	f <u>5</u> RO 1205 is r	Yes not used	No
1. Com	mittee Full Name	(and Fund if applica	ble)			2. ID Nu		
Commit	tee to Elect James	G. McClure III						
3. Cont	ributor Informat	ion		Add Re	emove			
1	ıme, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	e city, state, & zip)			CPA				
Becky L	•				<u> </u>			
1652 Joi				c. Employer's Name/S				
919-304	, NC, 27302 -4528			Cobb, Ezekiel, Lo	y & Co.			
717-304	-4320					e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			9/29/2	015	\$	100
					1117	,	\$	
				3			\$	26
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
	e city, state, & zip)			CPA				
Don Mcl								
7958 Ma				c. Employer's Name/S				
336-376-	amp, NC, 27349			Cobb, Ezekiel, Lo	y & Co.			
330 370	-3000						Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1.	Check			9/29/20	015	\$	100
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	ibutor Informatio			Add Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
Susan Ez	city, state, & zip)			CPA				
	road Ave.			E I I V G				
	Ille, NC, 27249			c. Employer's Name/Sp Cobb, Ezekiel, Loy				
336-149-				Cooo, Ezekiei, Lo	y & C0.	e. Election S	Sum to Data	
f. Prior	g. Account Code	h Form of B	1			\$	100	
<u> </u>	g. Account Code	h. Form of Payment Check	1. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
		CHECK			9/24/20)15	\$	100
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4 Total	only this Pag						\$	
	of ALL CRO					\$		300
						\$		1350
(Inis line	e must be on tine 6 of	Detailed Summary Page C	RO-1100)					

Contributions from Individuals

Amendment

No

		om Individuals]	Pg <u>3</u> of		☐ Ye	es No
1. Com	mittee Full Name	dividual contributions e (and Fund if applic	able)	or contributions u	nder \$50 if form CF			
	ttee to Elect James		abicj			2. ID Nu	ımber	
	ributor Informat ame, Mailing Address				Remove			
	le city, state, & zip)	s & Phone		b. Job Title/Profession		d. Comme	nts	
Stan W				- riesident/Owner				
	irkdale Ct.			c. Employer's Name	Specific Field			
Elon, N	C 27244			Bulla Warren Tir		-		
336-260)-5103					e. Election	Sum to Date	
						\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
\boxtimes	1	Check			9/28/20	015	\$	50
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	e city, state, & zip)	cc i none		Event Planner	n	d. Commen	its	
	Clure Nettles			- Event Flanner				
803 Cott	ton Place			c. Employer's Name/S	Specific Field			
	NC, 27601			ASE				
919-536	-8799			State Association	of Echo-	e. Election S	Sum to Date	
	ii			Cardiologists		\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			9/8/20	15	\$	50
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	ibutor Informatio			Add Re	emove			
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Leigh Ho	city, state, & zip)			Unemployed				
400	escent Drive			o Employant No. (6	.0 77.13			
	NC, 27253			c. Employer's Name/S Unemployed	pecific Field			
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						\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy			
\boxtimes	1	Check		2 escription	9/29/20		k. Amount	50
							\$	
							\$	
4. Total	l only this Page	e				\$	ΨΨ	1.50
	of ALL CRO					Φ		150
		Detailed Summary Page C.	RO-1100)		100	\$		1350

Contributions from Individuals

		m Individuals			eg <u>4</u> of		Yes	No
		ividual contributions		or contributions ur				
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	ımber	
Committ	ee to Elect James	G. McClure III						
3. Contr	ibutor Informati	on		Add 🔲 R	emove			5.734
I .	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	<u> </u>
	city, state, & zip)			CPA				
Van New								
622 McC	NC 27253			c. Employer's Name/				
336-570-				Van Newlin, CPA	A	a Floation	Sum to Date	
330 370	2013							
		•				\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			9-24-2	015	\$	50
							\$	*
							\$	
3. Contri	butor Informatio)n		Add 🔲 R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	nts	L
	city, state, & zip)			Power Trader				
-	ner H. Jordan							
528 Prosi	NJ, 07753			c. Employer's Name/S Essential Power I		-		
216-496-				Essential Power I	LLC	e Election	Sum to Date	
210 170	1170					-	•	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			10/2/20	015	\$	100
							\$	
							\$	
	butor Informatio	And the second s	П	Add 🔲 Re	emove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commer	its	
Tim Besh	city, state, & zip)			Chiropractor				
i	wood Lane			c. Employer's Name/S	Enosific Field			
	NC, 27253			Beshel Chiropract		-		
336-264-	*			Besner enn opraei		e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
\boxtimes	1	Check			10/9/20	015	\$	100
							\$	
							\$	
	only this Page					\$		250
5. Total	of ALL CRO	-1210 Pages				¢		1250

CRO-1210

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

Contributions from Individuals

Contr	ibutions from	m Individuals					Amendment	
		ividual contributions	over \$50) or contributions ι	Pg <u>5</u> of under \$50 if form CR	<u>5</u> O 1205 is	not used	L N
		(and Fund if applica				2. ID N		
Committ	tee to Elect James	G. McClure III						1,31
3. Contr	ibutor Informatio	on		Add	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profess		d. Comm	ents	
	city, state, & zip)			Bookeeper				
Carolyn	-							
	Gee Street			c. Employer's Name				
	NC 27253			Bethany Presbyt	terian			
336-229-	-0730					e. Electio	n Sum to Date	
						\$	200	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y		k. Amount	
	1	Check			10/5/20	015 —————	\$	200
							\$	
						_	\$	
	ibutor Informatio	2. 1-26.31.2		Add 🗌 I	Remove		77.19 6	
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Professi	on	d. Comme	ents	
(include	city, state, & zip)							
				c. Employer's Name	/Specific Field			
						e. Election	n Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	ibutor Informatio	in (Add 🔲 F	Remove			
	ne, Mailing Address &	& Phone		b. Job Title/Professi	on	d. Comme	ents	
(include	city, state, & zip)							
				c. Employer's Name	/Specific Field			
							Sum to Date	
e D /						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
				·			\$	
							\$	
			781 - 7858	Company of the Compan			\$	
4. Total	only this Page					\$		200

5. Total of ALL CRO-1210 Pages

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

1350

Disbursem			Pg	<u>1</u> of	4 Yes No
Use this form to	report expenditures	from the committ	tee for; operating expenses	s, contributions to	candidate/political
	coordinated party ex				
(One A	Full Name (and Fun tee to Ele	C.f. TZ 40.65	5 G. MCCINE		2. ID Number
3. Type of Dist			CRO-1310 forms for each	tung of Dichurca	nont)
Operating			ndidates/Political Committees	•••••••••••••••••••••••••••••••	oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state					
Facebook Adve					
P.O. Box 1000 Palo Alto, CA,			c. Level Registered (Specify)		
raio Alto, CA,	94303		Federal State	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 101.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	9/23/2015	\$25.47	Online
					Advertising
1	Debit Card	A	9/25/2015	\$25.08	Online Advertising
4. Payee Inform	nation		Add	Remove	Advertising
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				,
Facebook Adve	_				
P.O. Box 10005			c. Level Registered (Specify)		
Palo Alto, CA,	94303		Federal	County:	
1			State	Municipality:	e. Election Sum to Date
					\$ 151.12
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	9/28/2015	\$25.03	Online
*	Deon cara	11	9/20/2013	\$23.03	Advertising
1	Debit Card	A	9/29/2015	\$25	Online
4. Payee Inform	nation		Add	Remove	Advertising
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	9				
Facebook Adve					
P.O. Box 10005			c. Level Registered (Specify)		
Palo Alto, CA,	94303		Federal	County:	
•			State	Municipality:	e. Election Sum to Date
					\$ 251.23
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		1			Online
	Debit Card	I	10/9/2015	\$50.01	Advertising
i	Debit Card	1	10/12/2015	\$50.10	Online
# F / I I /			10/12/2013	\$30.10	Advertising
5. Total only th	CRO-1310 Pages				\$ 200.69
	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Eypenses)		•
) if Contrib to Candidates/Politic	cal Comm)	\$ 835.89
(This line goes in	line 13c of Detailed Sum	ımary Page CRO-1100) if Coordinated Party Expenditu	ires)	
7. Purpose Cod	es (List detailed exp	penditure code in ((h.) above)		
A* - Media E - Salaries	B* - Printing	C* - Fund		D - To Anoth	
I - Postage	F* - Equipment J - Penalties		al Party e Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanati	on in required re	marks field (k)		The second secon

Disbursements

Amendment

No

Disbursen		ŧ		Pg <u>2</u> of	
Use this form to	o report expenditures I coordinated party ex	from the committ	ee for; operating expe	enses, contributions	to candidate/political
	Full Name (and Fur				2. ID Number
3. Type of Dist	oursement <i>(Plea</i>	ase use separate (RO-1310 forms for e	each type of Dishurs	ement)
Operating			ndidates/Political Committ		Coordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Comm		d. Comments
(include city, state		. ···			
Facebook Adv	_	•			
P.O. Box 1000			c. Level Registered (Sp	ecify)	
Palo Alto, CA,	94303	er.	Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 311.47
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y) j. Amount	k. Required Remarks
1	Debit Card	A	10/18/2015	\$50.09	Online
1	Deon Card	A	10/10/2013	\$30.09	Advertising
1	Debit Card	\mathbf{A}^{\dagger}	9/30/2015	\$10.15	Online
					Advertising
4. Payee Infort			Add	Remove	1972 Historia Historia Principal Pri
	ling Address & Phone		b. Coordinated Commi	ttee Name	d. Comments
(include city, state Facebook Adve			_		
P.O. Box 1000	_		c. Level Registered (Sp	a aife ()	
e la Alio. CA.			Federal	County:	
i itto. ert	7 1303		State	Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	: D-4- (/14(<u> </u>	\$ 336.50
1. Account Couc		iii i ui pose coue	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks Online
1	Debit Card	A	9/28/2015	\$25.03	Advertising
				s	Travel visiting .
4. Payee Inform			Add		
	nation ling Address & Phone		b. Coordinated Commi	Remove	d. Comments
(include city, state,	O .		b. Coor amarca Commi	ttee Name	d. Comments
WBAG RADIO			-		
P.O. Box 2450			c. Level Registered (Sp	ecify)	
Burlington, NC	27215		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 189
1. Stant Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
1	Check	A	09/23/2015	\$189	Radio
			372812018		
				\$	
5. Total only th					\$ 274.27
	CRO-1310 Pages				
	i line 13a of Detailed Sur				\$ 835.89
			0 if Contrib to Candidates/ 0 if Coordinated Party Exp		333.37
	les (List detailed ex			penattures)	
A* - Media	B* - Printing	C* - Fund		D - To And	other Candidate
E - Salaries	F* - Equipment				ing Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Dona	tion to Legal Expense Fund
O* - Other					

Disbursem			Pg ·	<u>3</u> of	4 Yes No
Use this form to	report expenditures	s from the committ	tee for; operating expenses.	$\frac{1}{2}$, contributions to ϵ	candidate/political
committees and	coordinated party e	expenditures.			
1. Commuee r	Full Name (and Fun	id if applicable)			2. ID Number
3. Type of Disb	ovecoment (Ple	asa usa sonaento (ODO 1210 farme for and		
Operating E		Contributions to Ca	CRO-1310 forms for each andidates/Political Committees		
4. Payee Inform		Contributions to C	Add Committees		pordinated Party Expenditures
	lling Address & Phone		b. Coordinated Committee N	Remove	
(include city, state,		ş ÷	D. Coordinated Committee .	ame	d. Comments
Catalyst Advert			.		••
7484 Woodspri	•		c. Level Registered (Specify)		_
Whitsett, NC, 2	_	a	Federal Federal	County:	-
	127.	t '.	State	Municipality:	e. Election Sum to Date
		a Air		Manicipanty.	
		4.5			\$ 2089.47
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A			Billboard
[Спеск	A	09/25/2015	\$86	Design
1	Check	A	10/9/2015	205.07	Stencil '
1		A	10/9/2015	\$95.97	Purchase
→. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
GHS Legacy Cl					
903 Trollinger F			c. Level Registered (Specify)		
Graham, NC, 27	7253		Federal	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 40
		·			\$ 40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/12/2015	\$40	Golf Tourney
	Check	A	10/12/2015	\$40	Sponsorship
1				\$	
4. Payee Inform			Add	Remove	
	ing Address & Phone	ļ	b. Coordinated Committee Na	ame	d. Comments
(include city, state, o			4	I	
The Home Depo		ļ	ļ		
Airkwood		ļ	c. Level Registered (Specify)		·
Eurlington, NC	27215		Federal	County:	
		}	State	Municipality:	e. Election Sum to Date
			ĺ	I	\$ 133.43
f. Account Code	g. Form of Payment	h. Purpose Code	: Data (mm/dd/www)	T	
l. Account			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10/15/2015	\$133.43	Sign Materials
					Materials
	1	1		\$	
5. Total only this	ia Dana				255.10
	CRO-1310 Pages				\$ 355.40
	line 13a of Detailed Sum	omarv Page CRO-1100) if Onerating Expenses)		
(This line goes in	line 13b of Detailed Sun	mary Page CRO-1100	ry Operating Expenses) I if Contrib to Candidates/Politica	al Comm)	\$ 835.89
(This line goes in l	line 13c of Detailed Sum	mary Page CRO-1100) if Coordinated Party Expenditus	II Coming	
	es (List detailed exp			resj	
A Media	B* - Printing	C* - Fundr	raising	D - To Another	or Candidate
II Salaries	F* - Equipment	G - Politica	al Party	H* - Holding l	Public Office Expenses
Postage	J - Penalties		e Expenses	Q* - Donation	n to Legal Expense Fund
O* - Other	- A -4a ilad avalonoti	ion in required re-			

Disbursements

Amendment

Use this form t	o report expenditure d coordinated party e	s front the commit	tee for; operating expense	s, contributions to	candidate/political
	Full Name (and Fu				2. ID Number
2 Tuna se Daul	L ZDY		2002 1000 2000 1000 1000 1000 1000 1000	- A	
3. Type of Disl		ase usa separate C	CRO-1310 forms for each		
4. Payee Inform	_:	Committions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
			Add	Remove	
1	lling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state Colonial Hardy		*			
104 E. Elm Str		A ST		 	
Graham, NC, 2			c. Level Registered (Specify		
Chanam, NC, 2	.7233		Federal	County:	
		*	State	Municipality:	e. Election Sum to Date
					\$ 5.53
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	A	10/15/2015	\$5.53	Signage
			10/13/2015	Ψ5.55	Materials
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	, & zip)				
			c. Level Registered (Specify)		-
		3	Federal	County:	1
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		The state of the s
	g. x or in or r ayment	# Post Sout	1. Date (min/dd/yyyy)	j. Amount	k. Required Remarks
		:		\$	
		,		ф.	
	1 *1.			\$	
4. Payee Inform			Add	Remove	
	ing Address & Phone	4	b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)	.t. 12			
		·			
			c. Level Registered (Specify)		
		() ()	Federal	County:	
			State	Municipality:	e. Election Sum to Date
		7"			\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
	9		i. Date (initiadi yyyy)		k. Required Remarks
				\$	
				\$	
5. Total only thi	is Page				\$ 5.53
6. Total of ALL	CRO-1310 Pages				Ψ 3.33
This line goes in.	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Politic	al Comm)	\$ 835.89
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	res)	
7. Purpose Code	es (List detailed exp				
A* - Media	B* - Printing	C* - Fundr	aising	D - To Anoth	
E - Salaries I - Postage	F* - Equipment	G - Politica		H* - Holding	Public Office Expenses
O* - Other	J - Penalties	K* - Office	Expenses	Q* - Donatio	n to Legal Expense Fund
and the contract of the contract	e detailed explanation	on it required rec	marks field (k)	.,,	

Disbursements

Amendment

Yes

Pg <u>4</u> of <u>4</u>