

# 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		c. ID Number
a. Full Name <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>		<b>7940011</b>
b. Mailing Address (include City, State and Zip Code) <b>P.O. BOX 1111 ELIZABETHTOWN, NC 28337</b>		d. Date Filed <b>01/02/2013</b>
		e. Phone Number

Report Year <b>2012</b>	Period Start Date <b>10/21/2012</b>	Period End Date <b>12/31/2012</b>	Treasurer Full Name <b>MINNIE B. PRICE</b>
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<input type="checkbox"/> Candidate Campaign <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	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 <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special (U.S. Special Report Name)
Type of Fund <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other		Number of Funds used this Report			

II. Account Information		a. Financial Institution Full Name	
a. Financial Institution Full Name <b>BRANCH BANKING AND TRUST COMPANY</b>			
b. Purpose <b>CHECKING ACCOUNT</b>	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance <b>\$2078.21</b>		d. Period Begin Balance <b>\$</b>	

**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 of Elections.

**MINNIE B. PRICE** Minnie B. Price 01/02/2013  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: <b>JAN -7 2013</b>	Employee: <u>TRH</u>	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand-Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>1/5/13</u>	Employee: <u>TRH</u>	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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

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

Amendment

Yes  No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
BLADEN COUNTY IMPROVEMENT ASSOC. (PAC)		FOURTH QUARTER	7940011
Start of Election Cycle: January 1, 2012		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2078.21	\$ 2078.21
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2100.00	\$ 2100.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 4000.00	\$ 4000.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6100.00	\$ 6100.00
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 7730.63	\$ 7730.63
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7730.63	\$ 7730.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 447.58	\$ 447.58
<b>ADDITIONAL INFORMATION</b>			
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)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

# Contributions from Individuals

Page 1 of 1

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>Contributor Information</b>						
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)					794 0011	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
WILLIAM BRISSON FOR NC HOUSE COMMITTEE P.O. BOX 531 DUBLIN, NC 28332			FARMER			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
			e. Election Sum to Date		\$ 2,000.00	
e. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5195283348	CHECK		10/26/2012	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>Contributor Information</b>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
WINSTON M. ROZIER, SR. 3006 NC HIGHWAY 20 SAINT PAULS, NC 28384			REAL ESTATE BROKER			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
			e. Election Sum to Date		\$ 100.00	
e. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5195283348	CHECK		11/02/2012	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>Contributor Information</b>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
			c. Employer's Name/Specific Field			
			e. Election Sum to Date		\$	
e. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 2,100.00	
					\$ 2,100.00	

# Contributions from Political Party Committees

Use this form to report contributions from a political party

BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

794 0011

a. Full Name, Mailing Address & Phone  
 (include city, state, & zip)

NORTH CAROLINA DEMOCRATIC PARTY  
 NC VICTORY 2010  
 220 HILLSBOROUGH STREET  
 RALEIGH, NC 27603-1724 919-821-2777

b. Comments

c. Election Sum to Date

\$ 4,000.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
5195283348	CHECK		10/26/2012	\$ 4,000.00
				\$
				\$

a. Full Name, Mailing Address & Phone  
 (include city, state, & zip)

b. Comments

c. Election Sum to Date

\$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$

a. Full Name, Mailing Address & Phone  
 (include city, state, & zip)

b. Comments

c. Election Sum to Date

\$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$

\$ 4,000.00

\$ 4,000.00

# Disbursements

Amendment  
 Yes  No

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)						ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
2. Type of Disbursement (Please use appropriate CRO-1100 form for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
3. 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
LOLA WOOTEN P.O. BOX 2244 108 LEWIS DRIVE ELIZABETH TOWN, NC 28337						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	O	10/24/2012	\$ 200.00	GOTV	
5195283348	CHECK	O	11/01/2012	\$ 340.00	GOTV	
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
LOLA WOOTEN P.O. BOX 2244 108 LEWIS DRIVE ELIZABETH TOWN, NC 28337						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 615.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	O	11/06/2012	\$ 75.00	GOTV	
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
DEBORAH MUNROE 2242 BALTIMORE ROAD COUNCIL, NC 28434						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	O	10/24/2012	\$ 30.00	GOTV	
5195283348	CHECK	O	11/01/2012	\$ 340.00	GOTV	
5. Total only this Page						\$ 615.00
6. Total of ALL CRO-1100 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 7730.63
7. Purpose Codes (List detailed expenditure code in (k) 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)						

# Disbursements

Amendment  
 Yes  No

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			
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		794 0011			
3. Type of Disbursement (Please use separate forms for each type of Disbursement)					
<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"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
DEBORAH MUNKROE 224Z BALTIMORE ROAD COUNCIL, NC 28434					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$445.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
GEORGIA M. MCKOY 1985 MERCER MILL ROAD ELIZABETHTOWN, NC 28337					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	10/24/2012	\$ 150.00	GOTV
5195283348	CHECK	0	11/01/2012	\$ 240.00	GOTV
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
GEORGIA M. MCKOY 1985 MERCER MILL ROAD ELIZABETHTOWN, NC 28337					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 465.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	
				\$	
5. Total only this Page					\$ 910.00
6. Total of ALL CRO-1310 Pages					\$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in the above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
*Codes require detailed explanation in required remarks field (R)					

**Disbursements**

Amendment  
 Yes  No

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

<b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) 794 0011</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337				b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$ 4.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	DEBIT ACCOUNT	0	10/22/2012	\$ 2.00	BANK SERVICE CHARGE	
5195283348	DEBIT ACCOUNT	0	11/21/2012	\$ 2.00	BANK SERVICE CHARGE	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337				b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  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	
5195283348	CHECK	0	10/24/2012	\$ 250.00	GOTV	
5195283348	CHECK	0	11/01/2012	\$ 340.00	GOTV	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337				b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$ 665.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	11/06/2012	\$ 75.00		
				\$		
				\$ 669.00		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$
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						

# Disbursements

Amendment  
 Yes  No

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) <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>						2. ID Number <b>7940011</b>	
3. Type of Disbursement: <i>Please Use Separate CRO-1100 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>WANDA GRIMES P.O. BOX 2730 ELIZABETHTOWN, NC 28337</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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	
5195283348		CHECK	0	10/24/2012	\$ 150.00	GOTV	
5195283348		CHECK	0	11/01/2012	\$ 240.00	GOTV	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WANDA GRIMES P.O. BOX 2730 ELIZABETHTOWN, NC 28337</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 465.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348		CHECK	0	11/06/2012	\$ 75.00	GOTV	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>VIVIAN SANDERS 201 PECAN DRIVE ELIZABETHTOWN, NC 28337</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 60.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348		CHECK	0	10/24/2012	\$ 60.00		
5. Total only this Page						\$ 525.00	
6. Total of ALL CRO-1100 Pages						\$	
7. Purpose Codes (List detailed expenditure code in (k) 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)							



**Disbursements**

Amendment  
 Yes  No

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) <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>						2. ID Number <b>7940011</b>
3. Type of Disbursement <i>Please use appropriate CRO-1100 form for candidate/political disbursements</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>BRIDGETTE LOFTON 641 SMITH CIRCLE #24 ELIZABETHTOWN, NC 28337</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	10/24/2012	\$ 90.00	GOTV	
5195283348	CHECK	0	11/01/2012	\$ 30.00	GOTV	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>BRIDGETTE LOFTON 641 SMITH CIRCLE #24 ELIZABETHTOWN, NC 28337</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 195.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>LEONARD HALL 345 MANN LANE RIEGELWOOD, NC 28456</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	10/24/2012	\$ 50.00	GOTV	
5. Total only this Page						\$ 245.00
6. Total of ALL CRO-1100 Pages						\$
7. Purpose Codes (List detailed expenditure code in (k) 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)						

**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): <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>						2. ID Number: <b>7940011</b>	
3. Type of Disbursement (Please check only one box for each type of disbursement): <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>TOMMY WHITE P.O. BOX 82 DUBLIN, NC 28332</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date: \$	
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks							
5195283348		CHECK	0	10/24/2012	\$ 100.00	GOTV	
5195283348		CHECK	0	11/01/2012	\$ 160.00	GOTV	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip): <b>TOMMY WHITE P.O. BOX 82 DUBLIN, NC 28332</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date: \$ 335.00	
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks							
5195283348		CHECK	0	11/06/2012	\$ 75.00		
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip): <b>COURTNEY GRIMES P.O. BOX 2730 ELIZABETH TOWN, NC 28337</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date: \$ 200.00	
5. Account Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks							
5195283348		CHECK	0	10/24/2012	\$ 100.00	GOTV	
5195283348		CHECK	0	11/01/2012	\$ 100.00	GOTV	
5. Total only this Page						\$ 535.00	
6. Total of ALL CRO-1310 Pages						\$	
7. Purpose Codes (List detailed expenditure code in the 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)							

# Disbursements

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

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)		ID Number			
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011			
2. Type of Disbursement (Please use appropriate CRO-1100 form for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
3. 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
EBONY GRIMES P.O. BOX 2730 ELIZABETHTOWN, NC 28337					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	10/24/2012	\$ 100.00	GOTV
5195283348	CHECK	0	11/01/2012	\$ 100.00	GOTV
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
JAMES BLANKS P.O. BOX 1012 BLADEN BORO, NC 28320					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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
5195283348	CHECK	0	10/24/2012	\$ 100.00	GOTV
5195283348	CHECK	0	11/01/2012	\$ 140.00	GOTV
5. Total only this Page					
					\$ 515.00
6. Total of ALL CRO-1100 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in this box)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
*Codes require detailed explanation in required remarks field (k)					

# Disbursements

Amendment  
 Yes  No

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						794 0011
3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement)						
<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
THELMA D. THOMAS P.O. BOX KELLY, NC 28448						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	10/24/2012	\$ 100.00	GOTV	
5195283348	CHECK	0	11/01/2012	\$ 160.00	GOTV	
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
THELMA D. THOMAS P.O. BOX 51 KELLY, NC 28448						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 335.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	11/06/2012	\$ 75.00		
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
BARBARA COGDELL 2990 MARTIN L. KING, JR. DR. ELIZABETH TOWN, NC 28337						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5195283348	CHECK	0	10/24/2012	\$ 200.00	GOTV	
5. Total only this Page						\$ 535.00
6. Total of ALL CRO-1100 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$
7. Purpose Codes (List detailed expenditure code in (k) 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)						

# Disbursements

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

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	
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011	
3. Type of Disbursement (Please use appropriate CRO-1100 form for each type of Disbursement)			
<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
RACHELS MCKOY 2721 ROSINDALE ROAD CLARKTON, NC 28433			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
5195283348	CHECK	0	10/24/2012
			j. Amount
			\$ 60.00
			k. Required Remarks
			GOTV
5195283348	CHECK	0	11/01/2012
			\$ 30.00
			GOTV
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
RACHEL S. MCKOY 2721 ROSINDALE ROAD CLARKTON, NC 28433			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 165.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
5195283348	CHECK	0	11/06/2012
			j. Amount
			\$ 75.00
			k. Required Remarks
			GOTV
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
STEPHEN COGDELL 2990 MARTIN L. KING, JR. DR. ELIZABETH TOWN, NC 28337			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
5195283348	CHECK	0	10/24/2012
			j. Amount
			\$ 200.00
			k. Required Remarks
			GOTV
5. Total only this Page			\$ 365.00
6. Total of ALL CRO-1310 Pages			\$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)			
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			
7. Purpose Codes (List detailed expenditure code in the 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)			

# Disbursements

Amendment  
 Yes  No

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	
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011	
3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement)							
<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	
JUDY HENRY 702 RICHARDSON STREET ELIZABETHTOWN, NC 28337							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 140.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5195283348	CHECK	0	11/01/2012	\$ 140.00	GOTV		
				\$			
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	
PATRICIA JOHNSON 335 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 355.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5195283348	CHECK	0	11/01/2012	\$ 280.00	GOTV		
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV		
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	
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 255.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5195283348	CHECK	0	11/01/2012	\$ 180.00	GOTV		
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV		
5. Total only this Page						\$ 750.00	
6. Total of ALL CRO-1100 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm.) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (k) 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)							

**Disbursements**

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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)		ID Number			
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011			
2. Type of Disbursement (Please check appropriate CRO-1100 form for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
3. 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	
CHERYL MCKOY 468 CENTER ROAD ELIZABETHTOWN, NC 28337					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 285.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/01/2012	\$ 210.00	GOTV
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
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	
LINDA THOMPSON 468 CENTER ROAD ELIZABETHTOWN, NC 28337					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 235.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/01/2012	\$ 160.00	GOTV
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
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	
DELISA GRAHAM 312 TROY & GRAHAM ROAD RIEGELWOOD, NC 28456					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 235.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/01/2012	\$ 160.00	GOTV
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
5. Total only this Page					\$ 755.00
6. Total of ALL CRO-1100 Pages					\$
7. Purpose Codes (List detailed expenditure code in the above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other		D - To Another Candidate		H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
*Codes require detailed explanation in required remarks field (k)					

**Disbursements**

Amendment  
 Yes  No

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

BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) 794 0011					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ROSA ANN PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448			c. Level Registered (Specify)		e. Election Sum to Date \$ 235.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
5195283348	CHECK	0	11/01/2012	\$ 160.00	GOTV
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CURTIS RHODIE 16081 TWISTED HICKORY ROAD BLADEN BORO, NC 28320			c. Level Registered (Specify)		e. Election Sum to Date \$ 75.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CRYSTAL LACEY P.O. BOX 1064 BLADEN BORO, NC 28320			c. Level Registered (Specify)		e. Election Sum to Date \$ 75.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
					\$ 385.00
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$
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					



**Disbursements**

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

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

**BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) 794 0011**

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
PATRICIA LACEY P.O. BOX 1456 BLADEN BORO, NC 28320			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
LENNARD BALDWIN P.O. BOX 301 ELIZABETH TOWN, NC 28337			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
PAMELA R. CROMARTIE P.O. BOX 2323 ELIZABETH TOWN, NC 28337			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
				\$	

\$ 225.00

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 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

**Disbursements**

Amendment  
 Yes  No

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

**BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) 794 0011**

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
IRMA C. MCKOY P.O. BOX 1158 ELIZABETHTOWN, NC 28337			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
MARY L. JOHNSON 8684 HWY 53 W WHITE OAK, NC 28399			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	GOTV
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
SYLVIA MCKOY 390 TWISTED HICKORY ROAD ELIZABETHTOWN, NC 28337			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5195283348	CHECK	0	11/06/2012	\$ 75.00	
				\$	

\$ 225.00

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 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

**Disbursements**

Amendment  
 Yes  No

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 address if applicable) <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>						ID Number <b>7940011</b>
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
2. Payee Information				3. Coordinated Committee Name		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WILLIE DIXON 24917 HWY 87 EAST RIEDELWOOD, NC 28456</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 75.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>5195283348</b>	<b>CHECK</b>	<b>0</b>	<b>11/06/2012</b>	<b>\$ 75.00</b>	<b>GOTV</b>	
				\$		
4. Payee Information				5. Coordinated Committee Name		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>CAROLYN WHITTED 2472 HWY 20 SAINT PAULS, NC 28384</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 75.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>5195283348</b>	<b>CHECK</b>	<b>0</b>	<b>11/06/2012</b>	<b>\$ 75.00</b>	<b>GOTV</b>	
				\$		
6. Payee Information				7. Coordinated Committee Name		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>JOYCE YEARWOOD 18633 HWY 87 W TAR HEEL, NC 28392</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 75.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>5195283348</b>	<b>CHECK</b>	<b>0</b>	<b>11/06/2012</b>	<b>\$ 75.00</b>	<b>GOTV</b>	
				\$		
5. Total only this Page						<b>\$ 225.00</b>
6. Total of All CRO-1310 Pages						\$
7. Purpose Codes (list detailed explanation in required remarks field if applicable)						
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 (10)						

**Disbursements**

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

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					
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011					
3. Type of Disbursement (Please use appropriate CRO-1100 pages for each type of Disbursement)											
<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					
ROSAVELT HILL 756 CHICKEN FOOT ROAD TAR HEEL, NC 28392											
c. Level Registered (Specify)											
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:											
						e. Election Sum to Date					
						\$ 75.00					
5. Account Code    g. Form of Payment    h. Purpose Code    i. Date (mm/dd/yyyy)    j. Amount    k. Required Remarks											
5195283348		CHECK		0		11/06/2012		\$ 75.00		GOTV	
								\$			
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					
TOMEKA JOHNSON 335 JACK RICHARDSON ROAD ELIZABETH TOWN, NC 28337											
c. Level Registered (Specify)											
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:											
						e. Election Sum to Date					
						\$ 75.00					
5. Account Code    g. Form of Payment    h. Purpose Code    i. Date (mm/dd/yyyy)    j. Amount    k. Required Remarks											
5195283348		CHECK		0		11/06/2012		\$ 75.00		GOTV	
								\$			
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					
WANDA MUNROE 123 CHARLES DRIVE COUNCIL, NC 28434											
c. Level Registered (Specify)											
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:											
						e. Election Sum to Date					
						\$ 75.00					
5. Account Code    g. Form of Payment    h. Purpose Code    i. Date (mm/dd/yyyy)    j. Amount    k. Required Remarks											
5195283348		CHECK		0		11/06/2012		\$ 75.00		GOTV	
								\$			
5. Total only this page						\$ 225.00					
6. Total of ALL CRO-1100 Pages						\$					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)											
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)											
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Codes (List detailed expenditure code in (k) and (l))											
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)											

# Disbursements

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

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		
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011		
3. Type of Disbursement (Please check appropriate CRO-1100 form and Disbursement)								
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures								
4. Payer 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		
BRANCH BANKING AND TRUST COMPANY WEST BROAD STREET ELIZABETH TOWN, NC 28337								
c. Level Registered (Specify)								
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> 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
5195283348		DEBIT ACCOUNT		0		11/28/2012	\$ 26.63	CHARGES FOR CHECKS
							\$	
							\$	
4. Payer 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		
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		
						\$		
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
							\$	
							\$	
4. Payer 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		
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		
						\$		
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
							\$	
							\$	
5. Total only this Page						\$ 26.63		
6. Total of ALL CRO-1100 Pages						\$ 7730.63		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
7. Purpose Codes (List detailed expenditure codes in the 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)								