

# 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.

<b>1. Committee Information</b>			<b>2. Report Year</b>			<b>3. Period Start Date (mm/dd/yy)</b>			<b>4. Period End Date (mm/dd/yy)</b>			<b>5. Treasurer Full Name</b>			
a. Full Name Patriots For Progress			OCT 22 2014			c. ID Number STA-288094-C-001			b. Mailing Address (include City, State and Zip Code) P.O. Box 554 Dublin, NC 28332			d. Date Filed STATE BOARD OF ELECTIONS			
e. Phone Number 910-874-3333			6. Number of Fundraisers this Report			7. Type of Fund (if applicable check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			8. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser			9. Type of Report (check all that apply) (Type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End 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			
11. Account Information			12. Account Information			10. Special Report Name 3rd QTR									
a. Financial Institution Full Name Wells Fargo			b. Purpose Tracking Contributions & Expenditures			c. Account Code C			d. Period Begin Balance \$ 180.00			a. Financial Institution Full Name Wells Fargo			
												b. Purpose Tracking Contributions & Expenditures			
												c. Account Code S			
												d. Period Begin Balance \$ 50.00			
<b>CERTIFICATION</b>															
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.															
Sheila Kinlaw				Sheila Kinlaw				10/20/14							
Printed Name of Signer				Signature of Appointed Treasurer				Date							
<b>FOR OFFICE USE ONLY</b>															
Date Received:		10/22/14		Employee:		JP		<b>Delivery Method</b>							
Date Postmarked:		_____		Employee:		_____		<input checked="" type="checkbox"/> Normal Mail							
Date Scanned:		_____		Employee:		_____		<input type="checkbox"/> Registered Mail							
Date Data Entered:		_____		Employee:		_____		<input type="checkbox"/> Hand Delivered							
								<input type="checkbox"/> Electronically Filed							
								<input type="checkbox"/> Signer has not received mandatory training							
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.															

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Patriots For Progress		Quarterly	STA-288D94-C-001
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 150.00	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 500.00	\$
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$ 2847.32	\$
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)		\$ 3347.32	\$
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2190.00	\$
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)		\$ 2190.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1307.32	\$
<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)		\$	\$

# 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

Committee Full Name (or Candidate Name, if applicable): Patriots For Progress      ID Number: STA-288D94-C-09

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)  
MCCRAE Dowless 910-885-1234  
P.O. Box 253  
Elizabethton, NC 28337

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal     County:  
 State     Municipality:

**d. Comments**

**e. Election Sum to Date**  
\$ 450.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>C</u>	<u>250.00</u>	<u>E</u>	<u>08/29/2014</u>	<u>\$ 250.00</u>	
<u>C</u>	<u>200.00</u>	<u>E</u>	<u>09/02/2014</u>	<u>\$ 200.00</u>	

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)  
Sheila Kinlaw 910-874-5027  
565 Sunset Park Rd  
Bladenboro 28320

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal     County:  
 State     Municipality:

**d. Comments**

**e. Election Sum to Date**  
\$ 1400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>C</u>	<u>Check</u>	<u>E</u>	<u>10/16/2014</u>	<u>\$ 1400.00</u>	
				<u>\$</u>	

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)  
ANNA Robeson 910-633-9793  
604 Pine Ridge Circle  
Bladenboro, NC 28320

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal     County:  
 State     Municipality:

**d. Comments**

**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
<u>C</u>	<u>check</u>	<u>E</u>	<u>09/25/2014</u>	<u>\$ 200.00</u>	
				<u>\$</u>	

**Total of this Page**      \$ 2050.00

**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)  
\$ 2190.00

- Dispose Code (see detailed explanation code in the manual)
- 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**

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

Committee Full Name (as applicable) <b>Patriots For Progress</b>						Committee ID <b>STA-288094-C-001</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) <b>Lisa Kitchens 910-885-1234</b> <b>113 Lee Circle</b> <b>Lumberton, NC 28358</b>			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  <b>\$ 140.00</b>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>C</b>	<b>Check</b>	<b>E</b>	<b>09/25/2014</b>	<b>\$ 140.00</b>		
				\$		
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  <b>\$</b>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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  <b>\$</b>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
Total on this page <b>\$ 140.00</b>						
Total on all CRO-1310's (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)						<b>\$ 2190.00</b>
Purpose Code:    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						

# Other Receipt Sources

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

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

1. Committee Full Name (and brand, if applicable)		2. Number		
Patriots For Progress		STA-288D94-C-001		
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income				
3. Contributor Information		4. Contribution Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
Cybernet LLC 248 E. 4 <sup>th</sup> Street Dublin, NC 28332				
		c. Outside Source Explanation Business Contribution	e. Election Sum to Date \$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
C	Check		9/24/14	\$ 500.00
				\$
5. Contributor Information		6. Contribution Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
POLITICO MANAGEMENT SERVICES LLC 1620 N. Roberts Ave Lumberton, NC 28358				
		c. Outside Source Explanation Business Contribution	e. Election Sum to Date \$ 2347.32	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
C	check		10/15/2014	\$ 2347.32
				\$
7. Contributor Information		8. Contribution Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
		c. Outside Source Explanation	e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
5. Total only this page			\$ 2847.32	
6. Total of ALL CRO-1250s			\$ 2847.32	

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

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

Candidate Name (Group and POC optional)						Committee ID	
PATRIOTS FOR PROGRESS						STA-288094-001	
Employer Information						Job Title/Profession	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  MICKEY MEEKINS 305 GRANDE OAK BLVD W LUMBERTON, NC 28358						b. Job Title/Profession SELF EMPLOYED	
						c. Employer's Name/Specific Field AUCTIONEER	
						d. Comments	
						e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	C	check		08/12/2014	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Employer Information						Job Title/Profession	
						d. Comments	
						e. Election Sum to Date \$	
f. 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"/>					\$		
Employer Information						Job Title/Profession	
						d. Comments	
						e. Election Sum to Date \$	
f. 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"/>					\$		
Totals Only This Page						\$ 500.00	
SUMMARY ALL CRO 1210 PAGES						\$ 500.00	