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STATE BOARD OF ELECTIONS

Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information

a. Full Name	c. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
P. O. BOX 1111 ELIZABETHTOWN, NC 28337	01-05-2015
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	10-19-2014	12-31-2014	MINNIE B. PRICE

6. Type of Committee (Check One)

- ☐ Candidate Campaign
- ☐ Party
- ☒ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund (Check all that apply)

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (Check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☒ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		
BRANCH BANKING AND TRUST COMPANY		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
CHECKING ACCOUNT	A	$ 3265.21

12. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
MINNIE B. PRICE	Minnie B. Price	01/05/2015

FOR OFFICE USE ONLY

Date Received:	1/7/15	Employee:	JF	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed
Date Postmarked:	1/5/15	Employee:	JJ	
Date Scanned:	1/9/15	Employee:	JM	
Date Data Entered:		Employee:		☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
BLADEN COUNTY IMPROVEMENT Assoc. (PAC)	FOURTH QUARTER	7940011

Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3265.21	$ 3265.21
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 4575.00	$ 4575.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 1000.00	$ 1000.00
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)		$ 5575.00	$ 5575.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 7596.13	$ 7596.13
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)		$ 7596.13	$ 7596.13
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1244.08	$ 1244.08
ADDITIONAL INFORMATION			
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

Pg 1 of 3

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Treasurer if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contributor Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM BRISSON P.O. BOX 531 DUBLIN, NC 28332	FARMER	SELF-EMPLOYED		$4,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/22/2014	$2,500.00
☒	A	CHECK		04/30/2014	$1,500.00
☐					$

4. Contributor Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VINSTON M. ROZIER, SR. 3006 NC HIGHWAY 20 SAINT PAULS, NC 28384	REAL ESTATE BROKER	SELF-EMPLOYED		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/23/2014	$225.00
☒	A	CHECK		10/08/2014	$100.00
☒	A	CHECK		09/26/2014	$100.00

5. Contributor Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VINSTON M. ROZIER, SR. 3006 NC HIGHWAY 20 SAINT PAULS, NC 28384	REAL ESTATE BROKER	SELF-EMPLOYED		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CHECK		05/02/2014	$385.00
☒	A	CASH		03/10/2014	$100.00
☒	A	CHECK+CASH		04/25/2014	$350.00

6. Total on this Page	$2725.00
7. Total to Date (Cycle to Date)	$4575.00

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
BLADEN COUNTY IMPROVEMENT ASSOC (PAC)	THIRD QUARTER	7940011

Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1117.21	$ 1117.21
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 4100.00	$ 4100.00
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)	$	$
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)		$ 4100.00	$ 4100.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1952.00	$ 1952.00
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)		$ 1952.00	$ 1952.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3265.21	$ 3265.21
ADDITIONAL INFORMATION			
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

Pg 2 of 3

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (Check Pre-Printed Committee)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contributor Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VINSTON M. ROZIER, SR. 3006 NC HIGHWAY 20 SAINT PAULS, NC 28384	REAL ESTATE BROKER	SELF-EMPLOYED		$ 1435.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CHECK		04/28/2014	$ 55.00
☒	A	CHECK		04/29/2014	$ 120.00
☐					$

4. Contributor Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ARTHUR A. BULLOCK 3295 PEANUT PLANT ROAD ELIZABETHTOWN, NC 28337	RETIRED			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/22/2014	$ 100.00
☒	A	CHECK		05/01/2014	$ 100.00
☐					$

5. Contributor Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
OPHELIA MUNN-GOINS 927 GRAHAM ROAD RIEGELWOOD, NC 28456	RETIRED	COLUMBUS COUNTY SCHOOL SYSTEM		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CASH		03/10/2014	$ 100.00
☐	A	CHECK		10/23/2014	$ 250.00
☐					$

6. Total This Page	$ 350.00
7. Previous Page Total	$

Contributions from Individuals

Pg 3 of 3

Amendment ☐ Yes ☒ No

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

1. Committee Name (Last Name, First Name if Individual)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contributor Information ☐ Add ☐ Edit

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JONATHAN BARFIELD 4720 ARCHER DRIVE WILMINGTON, NC 28409-6605	REACTOR	BARFIELD REACTORS		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CHECK		04/24/2014	$ 1,000.00
☐	A	CHECK		10/22/2014	$ 1,000.00
☐					$

3. Contributor Information ☐ Add ☐ Edit

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH NEIL WADDELL P.O. BOX 184 HALLSBORO, NC 28442	FARMER			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/27/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Edit

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	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
☐					$
☐					$
☐					$
4. Total on this page					$ 1,500.00
5. Total to date for CRO 1210 (This amount must be reported on Summary Page)					$

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments / c. Election Sum to Date
WAKE COUNTY DEMOCRATIC PARTY FEDERAL CAMPAIGN COMMITTEE P.O. BOX 25548 RALEIGH, NC 27611-5548	c. Election Sum to Date: $ 1,500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
A	CHECK		10/22/2014	$ 1,000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments / c. Election Sum to Date
	c. Election Sum to Date: $

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments / c. Election Sum to Date
	c. Election Sum to Date: $

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

4. Total only this Page	$ 1,000.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page)*	$ 1,000.00

Disbursements

Pg 1 of 14 | 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-1310 forms for each type of Disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/21/2014	$500.00	G.O.T.V.
A	CHECK	O	10/27/2014	$100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 2,092.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MICHAEL MONROE 81 CLYDE HATCHER ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/21/2014	$ 500.00	G.O.T.V.
				$	

5. Total only this Page	$ 1437.50
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 (Last detailed expenditure code in this 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-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ROSA A. PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 800.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/22/2014	$ 150.00	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRENDA PETERSON 795 LIGHTWOOD KNOT ROAD KELLY, NC 28448		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/22/2014	$ 150.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 1,885.18

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/24/2014	$ 300.00	G.O.T.V.
				$	

5. Total only this Page	$ 675.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

** Codes require detailed explanation in required remarks field (k)*

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-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/22/2014	$ 300.00	G.O.T.V.
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 862.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FREDA AUTRY 3053 MARSH ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 337.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

5. Total only this Page	$ 975.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

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-1310 forms for each type of Disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ANDEREA R. HUDSON 738 DICKSON ROAD RIEGELWOOD, NC 28456	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 337.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ 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) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 675.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, NC 28320	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 675.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

5. Total only this Page	$ 1012.50
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 5 of 14 | 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-131 forms for each type of Disbursement.)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LOTTIE B. RUFFIN P.O. BOX 732 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 477.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 937.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 262.50	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 482.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 140.00	G.O.T.V.
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.

5. Total only this Page	$ 890.00
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 (h.) above.)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

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-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WANDA MONROE 123 CHARLES DRIVE COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$100.00	G.O.T.V.
A	CHECK	O	11/03/2014	$75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GEORGIA M. McKOY P.O. BOX 772 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$570.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$175.00	G.O.T.V.
A	CHECK	O	11/03/2014	$75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$980.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$400.00	G.O.T.V.
A	CHECK	O		$75.00	G.O.T.V.

5. Total only this Page	$900.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k).

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-1310 forms for each Type of Disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CAROLYN GUIONS P.O. BOX 301 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$35.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$35.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WANDA GRIMES P.O. BOX 2730 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$267.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$192.50	G.O.T.V.
A	CHECK	O	11/03/2014	$75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
JUDY HENRY 7021 RICHARDSON STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$70.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$70.00	G.O.T.V.
				$	

5. Total only this Page	$372.50
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 (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

Pg 8 of 14 | 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-1310 forms for each type of Disbursement)
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GLORIA SWINDELL 2300 ALTA STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PATRICIA LACEY P.O. BOX 1456 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 220.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CRYSTAL LACEY P.O. BOX 1064 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

5. Total only this Page	$ 225.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

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-1310 forms for each type of Disbursement.*)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CURTIS RHODIE 16081 TWISTED HICKORY ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANN WRIGHT 279 WRIGHT ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LENWARD BALDWIN P.O. BOX 301 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

5. Total only this Page	$ 225.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

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-1310 forms for each type of Disbursement.)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JAMES A. SMITH 416 E SWANEY STREET ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
MARIE JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LEROY BOYKINS 2836 OLD FAYETTEVILLE ROAD GARLAND, NC 28441	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

5. Total only this Page	$ 225.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

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 do a separate CRO-1310 for each type of Disbursement.)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THELMA D. THOMAS P.O. BOX 51 KELLY, NC 28448		☐ Federal ☐ County: ☒ State ☐ Municipality:		$350.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PATRICIA JOHNSON 310 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TOMEKA JOHNSON 335 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$75.00	G.O.T.V.
				$	

5. Total only this Page	$ 225.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

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)	794011

3. Type of Disbursement: *(Please use Separate CRO-1310 forms for each type of Disbursement)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PATRICIA CROMARTIE P.O. BOX 994 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$377.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$ 75.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
IRMA CROMARTIE P.O. BOX 1158 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
EDWARD McKOY 584 FRANK MELVIN ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 75.00	GOTV
				$	

5. Total only this Page	$ 225.00
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

** Codes require detailed explanation in required remarks field (k)*

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-1310 form for each type of Disbursement)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERNON L. RICHARDSON 73 HWY 20 TAR HEEL, NC 28392		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2014	$ 150.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	10/21/2014	$ 4.00	BANK SERVICE CHARGE
A	DEBIT ACCOUNT	O	11/21/2014	$ 4.00	BANK SERVICE CHARGE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 40.92

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	11/12/2014	$ 28.92	CHARGES FOR CHECKS
A	DEBIT ACCOUNT	O	12/21/2014	$ 4.00	BANK SERVICE CHARGE

5. Total only this Page	$ 190.92
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 (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

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-1310 forms for each type of Disbursement)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WESTERN UNION FINANCIAL SERVICES INC. P.O. BOX 7030 ENGLEWOOD, CO 80155-7030		☐ Federal ☐ County: ☒ State ☐ Municipality:		$17.71

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CASH	O	10/30/2014	$ 6.40	MONEY ORDER FEES
A	CASH	O	11/03/2014	$ 11.31	MONEY ORDER FEES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

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	$ 17.71
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 (h.) above)*

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

*Codes require detailed explanation in required remarks field (k)

Liberty Improvement Association

[illegible]

town, NC 28337

U.S. POSTAGE
PAID
ELIZABETHTOWN, NC
28337
JAN 05, '15
AMOUNT
$5.12
00013567-06

1000

27611

Route
Route 2
Delivery Point
6400

State Board of Elections

70142120000455386413
W10000GTL3

State Board of Elections
Campaign Finance Office
441 N. Harrington Street
Raleigh, NC 27611-7255

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT