

RECEIVED

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Disclosure Report Cover

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.

STATE BOARD OF ELECTIONS

Amendment
[ ] Yes [X] No

I. Committee Information
a. Full Name: BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)
c. ID Number: 7940011
b. Mailing Address: P.O. BOX 1111 ELIZABETH TOWN, NC 28337
d. Date Filed: 01-05-2015

2. Report Year: 2014
Period Start Date: 10-19-2014
Period End Date: 12-31-2014
Treasurer Full Name: MINNIE B. PRICE

6. Type of Committee: [X] PAC
Type of Report: [X] Fourth
Number of Fundraisers: 1

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

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...
MINNIE B. PRICE
Signature of Appointed Treasurer: Minnie B. Price
Date: 01/05/2015

FOR OFFICE USE ONLY
Date Received: 1/7/15
Date Postmarked: 1/5/15
Date Scanned: 1/9/15
Date Data Entered:
Employee:
Delivery Method: [X] Registered Mail

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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
<b>RECEIPTS</b>					
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	
<b>EXPENDITURES</b>					
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	
<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

Amendment  
 Yes  No

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

Campaign Committee Name <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>						ID Number <b>7940011</b>	
Contributor Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>WILLIAM BRISSON                  P.O. BOX 531                  DUBLIN, NC 28332</b>				b. Job Title/Profession <b>FARMER</b>		d. Comments	
				c. Employer's Name/Specific Field <b>SELF-EMPLOYED</b>		e. Election Sum to Date <b>\$ 4,000.00</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	CHECK		10/22/2014	\$ 2,500.00		
<input checked="" type="checkbox"/>	A	CHECK		04/30/2014	\$ 1,500.00		
<input type="checkbox"/>					\$		
Contributor Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>VINSTON M. ROZIER, SR.                  3006 NC HIGHWAY 20                  SAINT PAULS, NC 28384</b>				b. Job Title/Profession <b>REAL ESTATE BROKER</b>		d. Comments	
				c. Employer's Name/Specific Field <b>SELF-EMPLOYED</b>		e. Election Sum to Date <b>\$</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	CHECK		10/23/2014	\$ 225.00		
<input checked="" type="checkbox"/>	A	CHECK		10/08/2014	\$ 100.00		
<input checked="" type="checkbox"/>	A	CHECK		09/26/2014	\$ 100.00		
Contributor Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>VINSTON M. ROZIER, SR.                  3006 NC HIGHWAY 20                  SAINT PAULS, NC 28384</b>				b. Job Title/Profession <b>REAL ESTATE BROKER</b>		d. Comments	
				c. Employer's Name/Specific Field <b>SELF-EMPLOYED</b>		e. Election Sum to Date <b>\$</b>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	A	CHECK		05/02/2014	\$ 385.00		
<input checked="" type="checkbox"/>	A	CASH		03/10/2014	\$ 100.00		
<input checked="" type="checkbox"/>	A	CHECK+CASH		04/25/2014	\$ 350.00		
					\$ 2725.00		
					\$ 4575.00		

# Detailed Summary

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
<b>RECEIPTS</b>		
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
<b>EXPENDITURES</b>		
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
<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

Amendment  
 Yes  No

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

Contributor Information					7940011
a. Full Name, Mailing Address & Phone (include city, state, & zip) BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)					
b. Job Title/Profession REAL ESTATE BROKER		c. Employer's Name/Specific Field SELF-EMPLOYED			d. Comments
e. Election Sum to Date \$ 11435.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	A	CHECK		04/28/2014	\$ 55.00
<input checked="" type="checkbox"/>	A	CHECK		04/29/2014	\$ 120.00
<input type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ARTHUR A. BULLOCK 3295 PEANUT PLANT ROAD ELIZABETH TOWN, NC 28337					
b. Job Title/Profession RETIRED		c. Employer's Name/Specific Field			d. Comments
e. Election Sum to Date \$ 200.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	CHECK		10/22/2014	\$ 100.00
<input checked="" type="checkbox"/>	A	CHECK		05/01/2014	\$ 100.00
<input type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip) OPHELIA MUNN-GOINS 927 GRAHAM ROAD RIEGELWOOD, NC 28456					
b. Job Title/Profession RETIRED		c. Employer's Name/Specific Field COLUMBUS COUNTY SCHOOL SYSTEM			d. Comments
e. Election Sum to Date \$ 350.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	A	CASH		03/10/2014	\$ 100.00
<input type="checkbox"/>	A	CHECK		10/23/2014	\$ 250.00
<input type="checkbox"/>					\$
Total Contributions \$ 350.00					
Total In-Kind Contributions \$					

# Contributions from Individuals

Amendment  
 Yes  No

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

Contributor Information					
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			
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011			
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
<input checked="" type="checkbox"/>	A	CHECK		04/24/2014	\$ 1,000.00
<input type="checkbox"/>	A	CHECK		10/22/2014	\$ 1,000.00
<input type="checkbox"/>					\$
Contributor Information					
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			
KENNETH NEIL WADDELL P.O. BOX 184 HALLS BORO, 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
<input type="checkbox"/>	A	CHECK		10/27/2014	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
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			
				\$	
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"/>					\$
Total Contributions					\$ 1,500.00
Total In-Kind Contributions					\$

# Contributions from Political Party Committees

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and fund, if applicable)</b>				<b>2. ID Number</b>	
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)				7940011	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
WAKE COUNTY DEMOCRATIC PARTY FEDERAL CAMPAIGN COMMITTEE P.O. BOX 25548 RALEIGH, NC 27611-5548					
				<b>c. Election Sum to Date</b>	
				\$ 1,500.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
A	CHECK		10/22/2014	\$ 1,000.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> <input type="checkbox"/>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> <input type="checkbox"/>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 1,000.00	
<b>5. Total of ALL CRO-1220 Pages</b> <small>(This line must be on line 7 of last page of form)</small>				\$ 1,000.00	

**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)						2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement <i>Please check only one checkbox 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. Coordinated Committee Name	d. Comments	
LOLA WOOTEN P.O. BOX 2244 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	
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 <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 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:	\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
MICHAEL MONROE 81 CLYDE HATCHER 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:	\$ 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.	
						\$ 1437.50
5. Total only this Page						
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 (Use 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)						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	
ROSA A. PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448						
				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	
					\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRENDA PETERSON 795 LIGHTWOOD KNOT ROAD KELLY, NC 28448						
				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	
					\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE 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	
					\$ 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-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**

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	
MARY JOHNSON 8684 HWY 53 WEST 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:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/22/2014	\$ 300.00	G.O.T.V.	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
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	
MARY JOHNSON 8684 HWY 53 WEST 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:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
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	
FREDA AUTRY 3053 MARSH ROAD BLADENBORO, 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:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
5. Total only this Page						\$ 975.00
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)						2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement <i>Please use separate CRO-1310 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. Coordinated Committee Name	d. Comments	
ANDREA R. HUDSON 738 DICKSON 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:	\$ 337.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
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:	\$ 675.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
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	
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, 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:	\$ 675.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
5. Total only this Page					\$ 1012.50	
6. Total of ALL CRO-1310 Pages					\$	
7. Purpose Codes <i>(List detailed expenditure code in (k) above)</i>						
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

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	
LOTTIE B. RUFFIN P.O. BOX 732 BLADENBORO, 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	
					\$ 477.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
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	
DEBORAH MONROE 2242 BALTIMORE ROAD 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	
					\$ 937.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 262.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
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 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	
					\$ 482.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 140.00	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
5. Total only this Page					\$ 890.00	
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 (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**

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 use separate CRO-1310 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>WANDA MONROE 123 CHARLES DRIVE COUNCIL, NC 28434</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>\$ 300.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>10/30/2014</b>	<b>\$ 100.00</b>	<b>G.O.T.V.</b>	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>11/03/2014</b>	<b>\$ 75.00</b>	<b>G.O.T.V.</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>GEORGIA M. MCKOY P.O. BOX 772 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 <b>\$ 570.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>10/30/2014</b>	<b>\$ 175.00</b>	<b>G.O.T.V.</b>	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>11/03/2014</b>	<b>\$ 75.00</b>	<b>G.O.T.V.</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>ARTHUR OWENS P.O. BOX 1524 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 <b>\$ 980.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>10/30/2014</b>	<b>\$ 400.00</b>	<b>G.O.T.V.</b>	
<b>A</b>	<b>CHECK</b>	<b>0</b>		<b>\$ 75.00</b>	<b>G.O.T.V.</b>	
5. Total only this Page						<b>\$ 900.00</b>
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**

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	
CAROLYN GUIONS 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:	\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 35.00	G.O.T.V.	
				\$		
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 GRIMES P.O. BOX 2730 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:	\$ 267.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 192.50	G.O.T.V.	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.	
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 7021 RICHARDSON STREET 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:	\$ 70.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/30/2014	\$ 70.00	G.O.T.V.	
5. Total only this Page						\$ 372.50
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**

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 (Check one, 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	
GLORIA SWINDELL 2300 ALTA STREET 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		
A	CHECK	0	10/30/2014	\$ 75.00	G.O.T.V.		
				\$			
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 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:		\$ 220.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.		
				\$			
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	
CRYSTAL LACEY P.O. BOX 1064 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:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.		
				\$			
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 (Use detailed explanation code in (b) 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-1110 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	
CURTIS RHODIE 16081 TWISTED HICKORY ROAD BLADENBORO, 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:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.
				\$	
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	
ANN WRIGHT 279 WRIGHT ROAD BLADENBORO, 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:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.
				\$	
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	
LENWARD BALDWIN P.O. BOX 301 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:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V.
				\$	
5. Total only this Page				\$ 225.00	
6. Total of ALL CRO-1110 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 (Use detailed expenditure code in (h) 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 (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): **BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)** 2. ID Number: **7940011**

3. Type of Disbursement: *(Please use separate CRO-1100 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):  
**JAMES A. SMITH  
 416 E SWANEY STREET  
 ELIZABETH TOWN, NC 28337**

b. Coordinated Committee Name

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

d. Comments

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	0	11/03/2014	\$ 75.00	G.O.T.V.
				\$	

4. Payee Information:  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**MARIE JOHNSON  
 8684 HWY 53 WEST  
 WHITE OAK, NC 28399**

b. Coordinated Committee Name

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

d. Comments

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	0	11/03/2014	\$ 75.00	G.O.T.V.
				\$	

4. Payee Information:  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**LEROY BOYKINS  
 2836 OLD FAYETTEVILLE ROAD  
 GARLAND, NC 28441**

b. Coordinated Committee Name

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

d. Comments

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	0	11/03/2014	\$ 75.00	G.O.T.V.
				\$	

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) 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 only one 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
THELMA D. THOMAS P.O. BOX 51 KELLY, NC 28448						
				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		\$ 350.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V	
				\$		
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 310 JACK RICHARDSON ROAD 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		\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V	
				\$		
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 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		\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/03/2014	\$ 75.00	G.O.T.V	
				\$		
5. Total only this Page					\$ 225.00	
6. Total of ALL CRO-1100 Pages					\$	
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
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	H* - Holding Public Office Expenses	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)		2. ID Number	
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011	
3. Type of Disbursement (Please use separate CRO-1310 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
PATRICIA CROMARTIE P.O. BOX 994 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:	\$ 377.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
			j. Amount
			\$ 75.00
			k. Required Remarks
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
IRMA CROMARTIE P.O. BOX 1158 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:	\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	11/03/2014
			j. Amount
			\$ 75.00
			k. Required Remarks
			G.O.T.V.
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
EDWARD MCKOY 584 FRANK MELVIN ROAD 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:	\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	11/03/2014
			j. Amount
			\$ 75.00
			k. Required Remarks
			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 (Use 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**

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)							
<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	
VERNON L. RICHARDSON 73 HWY 20 TAR HEEL, NC 28392							
				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:		\$ 300.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A		CHECK	0	11/03/2014	\$ 150.00		
					\$		
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	
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET 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	
A		DEBIT ACCOUNT	0	10/21/2014	\$ 4.00	BANK SERVICE CHARGE	
A		DEBIT ACCOUNT	0	11/21/2014	\$ 4.00	BANK SERVICE CHARGE	
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	
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET 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:		\$ 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	0	11/12/2014	\$ 28.92	CHARGES FOR CHECKS	
A		DEBIT ACCOUNT	0	12/21/2014	\$ 4.00	BANK SERVICE CHARGE	
5. Total only this Page						\$ 190.92	
6. Total of ALL CRO-1310 Pages						\$	
7. Purpose Codes (Use 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

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	
WESTERN UNION FINANCIAL SERVICES INC. P.O. BOX 7030 ENGLEWOOD, CO 80155-7030						
				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	
					\$ 17.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CASH	0	10/30/2014	\$ 6.40	MONEY ORDER FEES	
A	CASH	0	11/03/2014	\$ 11.31	MONEY ORDER FEES	
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	
				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	
				\$		
				\$		
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	
				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	
				\$		
				\$		
5. Total only this Page						\$ 17.91
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
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	L - Other	Q* - Donation to Legal Expense Fund	R - Other
*Codes require detailed explanation in required remarks field (k)						

*County Employment Association*

*21111  
TOWN, NC 28337*

U.S. POSTAGE  
PAID  
ELIZABETH, NC  
JAN 05, 15  
AMOUNT  
**\$5.12**  
00013567-06

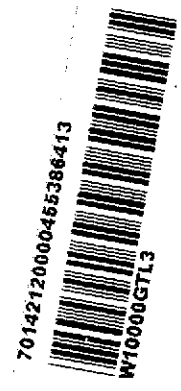


27611



1000

Route  
**Route 2**  
Delivery Point  
**State Board of Elections**  
6400



7014212000455386413

W1000GTL3

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT