

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.

I. Committee Information	
a. Full Name <i>NC Heritage PAC</i>	c. ID Number <i>RECEIVED</i>
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 14388 Raleigh, NC 27620</i>	d. Date Filed <i>3/7/2016</i>
	e. Phone Number <i>919-772-7786</i>

Report Year <i>2016</i>	Period Start Date <i>1/1/2016</i>	Period End Date <i>2/29/2016</i>	Signature <i>Thomas M. Smith</i>
----------------------------	--------------------------------------	-------------------------------------	-------------------------------------

3. Type of Committee (Check One)			
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input checked="" type="checkbox"/> Other:			
8. Number of Fundraisers this Report <i>0</i>			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Citizens BANK</i>	a. Financial Institution Full Name	b. Purpose <i>collecting and disbursing contributions</i>	b. Purpose
b. Purpose	c. Account Code <i>CSA</i>	c. Account Code	c. Account Code
	d. Period Begin Balance <i>\$ 0</i>	d. Period Begin Balance	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.

Thomas M. Smith ^(NOT) *Thomas M. Smith* *I have the class scheduled for March.*
 Printed Name of Signer Signature of Appointed Treasurer Date *3/5/2016*

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input checked="" type="checkbox"/> SCANNED Signer has not received mandatory training MAR 10 2016 MEW
Date Postmarked: <i>NP</i>	Employee: <i>bnrd</i>	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

Amendment

 Yes No**Detailed Summary**

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	
NC Heritage PAC				
Start of Election Cycle: January 1, 2016		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 0	
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$	
6) Contributions from Individuals (CRO-1210)		\$ 2654	\$ 2654	
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)		\$ 1943.48	\$ 1943.48	
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)		\$ 4,597.48	\$ 4,597.48	
13) Disbursements				
13a) Operating Expenditures (CRO-1310)		\$ 199.22	\$ 199.22	
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)		\$ 1,794.48	\$ 1,794.48	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,993.70	\$ 1,993.70	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2603.78	\$ 2603.78	
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-2200)		\$	\$	
28) Contributions to be Refunded (CRO-1215)		\$	\$	

Contributions from Individuals

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 Fund if applicable)						2. ID Number	
NC Heritage DAC							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ellis Soph 2502 Winston Rd Durham, NC 27707				GARAGE DOOR INSTALLATION			
				c. Employer's Name/Specific Field			
				Self-employed		e. Election Sum to Date	
						\$ 100 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	CHECK		01/30/2016		\$ 100 ⁰⁰	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERRY AUSTIN 11701 St. FRANCIS DRAKE Dr. Charlotte, NC 28277				Retired coin dealer			
				c. Employer's Name/Specific Field			
				Charlotte Coin Co.		e. Election Sum to Date	
						\$ 300	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	CHECK		01/30/2016		\$ 300	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Steve Hulen P.O. Box 572 Salisbury, NC 28385				SALESMAN			
				c. Employer's Name/Specific Field			
				Clinton Appliances & Furniture Co.		e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/2016		\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 450	
5. Total of ALL CRO-1210 Pages						\$ 2654	
<small>(This line must be on line 5 of Detailed Statement Page CRO-1100)</small>							

Contributions from Individuals

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 Fund if applicable)						2. ID Number	
NC Heritage PAC							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Harold Beik 1305 Tarbet Dr. Raleigh, NC 27511				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/2016		\$ 50	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
John Flora 130 Jefferson Dr. Durham, NC 27712				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/2016		\$ 25	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William A. Watson IV 3632 Courtland Dr. Durham, NC 27707				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/2016		\$ 20	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 95	
5. Total of ALL CRO-1210 Pages						\$ 2654	
<small>(This line must be on the 6 of Detailed Summary Page CRO-1210)</small>							

Contributions from Individuals

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 Fund if applicable)						2. ID Number	
NC Heritage PAC							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
John Booker P.O. Box 58 Smithfield, NC 27577			Retired Veteran				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			owner of Business		\$ 20		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA ATS	CASH		01/30/2016	\$ 20		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Matthew Hulon 238 Horne Street Americus, GA 31709			Student				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			@ Georgia S.W. State University		\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	CASH		01/30/2016	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Boyd Cathey 2116 Jordan Cabin Rd Wendell, NC 27591			Retired Archivist from				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NC Dept of Cultural Resources		\$ 20		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	CASH		01/30/2016	\$ 20		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 90		
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 6 of Detailed Summary Page CRO-1100)</small>					\$ 2654		

Contributions from Individuals

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

1. Committee Information						2. ID Number
NC Heritage PAC						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
DAVID LEE 330 HENRY BAKER RD ZEBULON, NC 27597			SWINE MANAGEMENT (PORK)			
			c. Employer's Name/Specific Field			
			NC Dept of Agriculture			
			e. Election Sum to Date		\$ 20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/16	\$ 20	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JAMES WARD 1611 DAMAIUS CH. RD CHAPEL HILL, NC 27516			TRANSIT OPERATOR			
			c. Employer's Name/Specific Field			
			TRANSIT OPERATOR TOWN OF CHAPEL HILL			
			e. Election Sum to Date		\$ 20 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	MONEY ORDER		02/08/2016	\$ 25	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
SCOTT WOODWORTH 920 RACHEL BELL RD MILL SPRINGS, NC			Board member			
			c. Employer's Name/Specific Field			
			Polk County Board of Elections			
			e. Election Sum to Date		\$ 20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/2016	\$ 20	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 65	
5. Total of ALL CRO-1210 Pages					\$ 2654	

Contributions from Individuals

Pg 5 of 16

Amendment
 Yes No

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

1. Contributor Information						2. ID Number
NC Heritage PAC						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Tom M. Smith 3621 Griffice Mill Rd Raleigh, NC 27610			DRYWALL Repair			
			c. Employer's Name/Specific Field			
			DRYWALL MAIN DENOMEL CO.			
			e. Election Sum to Date			
					\$ 20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	CASH		01/30/2016	\$ 20	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Phillip Johnson 1200 CONDOR DR. GREENSBORO, NC 27410			CPA			
			c. Employer's Name/Specific Field			
			PLLC			
			e. Election Sum to Date			
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/22/16	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
John F. Ledbetter Jr. 4504 ELIOT PL. RALEIGH, NC 27609			Retired			
			c. Employer's Name/Specific Field			
			Retired			
			e. Election Sum to Date			
					\$ 50 ^a	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/21/16	\$ 50 ^a	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 170	
5. Total of ALL CRO-1210 Pages					\$ 2654	

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						ID Number
NC Heritage PAC						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
KAREN POWERS 202 Allie Bell Ln Rosesville, NC 27571		Retired				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		Retired		\$ 50 ^a		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/19/16	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Earl Wilson 362 PRAIRIE LN Lillington, NC 27546		COMBAT AIRCREW Retired				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		U.S. NAVY		\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/18/16	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
GRAHAM PATTERSON 1475 SHANGRI-LA DR. Lewisville, NC 27023		business broker				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		Self Touchstone Financial		\$ 50 ^a		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/18/16	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page					\$ 200	
5. Total for ALL CRO-1210 Pages					\$ 2654	

Contributions from Individuals

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

1. Committee Information						2. Committee Number
N.C. Heritage PAC						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
MARSHALL PIKE 297 BIZZELL BRASWELL RD PRINCETON, NC 27569			MANAGER			
			c. Employer's Name/Specific Field	e. Election Sum to Date		
			Dept public safety	\$ 20		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/12/16	\$ 20	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
TROY JOHNSON 40 BROOKFIELD CT GIBSONVILLE, NC 27249			OPERATIONS MANAGER			
			c. Employer's Name/Specific Field	e. Election Sum to Date		
			Eagle LASER div of Custom Finishers Inc	\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/14/16	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ANDREW BOSSOLA 316 COLINGTON DR. KILL DEVIL HILLS, NC 27748			web site creator			
			c. Employer's Name/Specific Field	e. Election Sum to Date		
			Oasis Creative	\$ 3		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/11/16	\$ 3	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 73	
5. Total of ALL CRO-1210 Pages					\$ 2654	

Contributions from Individuals

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 Fund, if applicable)						2. ID Number	
NC Heritage PAC							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Brian Turner 217 S. 57 Way Hollywood, Florida 33023				Nuclear med Tech			
				c. Employer's Name/Specific Field			
				Cardiovascular Consultants, PA		e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	Online Donation		2/14/16	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Allen Aycock 1128 Aycock Dairy Farm Rd Fremont, NC 27830				Retired			
				c. Employer's Name/Specific Field			
				Retired		e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	Online Donation		02/17/2016	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Frank Powell 9701 Fonville Rd Wake Forest, NC 27587				Book & Magazine Editor			
				c. Employer's Name/Specific Field			
				Self.		e. Election Sum to Date	
						\$ 5	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	Online Donation		2/11/16	\$ 5		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 105	
5. Total of ALL CRO-1210 Pages						\$ 2654	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>							

Contributions from Individuals

Pg 9 of 10

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 Fund if applicable)						P/D Number	
NC Heritage PAC							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Rick Miller 9109 Doublebit Dr. Raleigh, NC 27615				mechanic			
				c. Employer's Name/Specific Field			
				Blacks Tire		e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	ONLINE DONATION		2/18/16	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Keith Miller Fuller 976 Main Street P.O. Box 337 Fair Bluff, NC 28439				Retired			
				c. Employer's Name/Specific Field			
				Retired		e. Election Sum to Date	
				Plant manager		\$ 20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	ONLINE DONATION		2/17/16	\$ 20		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lauris J. Lee 106 Bonnie wood Dr. CARY, NC 27518				Retired			
				c. Employer's Name/Specific Field			
				Retired		e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CSA	ONLINE DONATION		2/17/16	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 170	
5. Total of ALL CRO-1210 Pages						\$ 2654	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (omit Fund if applicable)						2. ID Number	
NC HERITAGE PAC							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERRY L. FRANK 5403 WOODVINE DR. McLEANSVILLE, NC 27301				IT Application Specialist			
				c. Employer's Name/Specific Field			
				Principal Financial Services		e. Election Sum to Date	
						\$ 300	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	Online Donation		2/16/16		\$ 300	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Neal BRANTLEY 4796 COVERED BRIDE RD CLAYTON, NC				Retiree			
				c. Employer's Name/Specific Field			
				BRANTLEY FENCE CO.		e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	Online Donation		2/19/16		\$ 50	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lewis Rudisill 209 Timberlin Rd Mount Holly, NC 28120				Bee Keeper			
				c. Employer's Name/Specific Field			
				Self employed		e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CSA	Online Donation		2/20/16		\$ 50	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1210)						\$ 2654	

Contributions from Individuals

Pg 11 of 14

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 Fund if applicable)					2. ID Number	
NC Heritage PAC						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAMUEL T. CURRIN 1700 Pineview St, Raleigh, NC 27608			Retire			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Online Donation		2/24/2016	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAMUEL T. CURRIN 1700 Pineview St. Raleigh, NC 27608			Retire			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Online Donation		2/25/2016	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES B. WOOD 663 Burton Wood Ln Lincolnton, NC 28092			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Online Donation		2/26/2016	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200	
5. Total of All CRO-1210 Pages					\$ 2654	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

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

Committee Ball Name (omit Ball if applicable)	
NC Heritage PAC	

5. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
John Shirley 180 Autumn Chase Pittsboro, NC 27312		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	ONLINE DONATION		2/25/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

5. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Charles Licker 1302 Hickory Trace Dr. Greensboro, NC 27407		FRANCHISOR			
		c. Employer's Name/Specific Field			
		SELF		e. Election Sum to Date	
				\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	ONLINE DONATION		2/26/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

5. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Michael Hollingsworth 1600 Lakeshore Dr. LAKE WACCAMAW, NC 28450		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	ONLINE DONATION		2/26/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Total only this page				\$ 150	
Total on ALL CRO 1205 pages				\$ 2654	

Contributions from Individuals

Amendment		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Fund, if applicable)						
NC Heritage PAC						
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William R. McAdams 329 Oakview Dr. Salisbury, NC 28146			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/26/2016	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ricky Hoffner 1874 Mt Taber Ch Rd Cleveland, NC 27013			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	ONLINE DONATION		2/26/2016	\$ 20	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Thomas M. Smith 3621 Griffice Mill Rd Raleigh, NC 27610			Mechanic			
			c. Employer's Name/Specific Field			
			Drywall Maintenance Co		e. Election Sum to Date	
					\$ 71.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Credit Card	FOR PAC P.O. Box	02/10/2016	\$ 51.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total on this page					\$ 121	
Total on ALL CRO 1210 pages					\$ 2654	

Contributions from Individuals

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 fund if applicable)

NC Heritage PAC

2. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) Tim Morton 4805 Elmhurst Ridge Ct Raleigh, NC 27616	b. Job Title/Profession Site Services Project Specialist	d. Comments
	c. Employer's Name/Specific Field SAS Institute Inc.	
e. Election Sum to Date \$ 20		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	online Donation		2/26/2016	\$ 20
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) William B. Parrott 1120 Scholastic Circle Durham, NC 27713	b. Job Title/Profession Programmer	d. Comments
	c. Employer's Name/Specific Field Cisco Systems	
e. Election Sum to Date \$ 20		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	online Donation		2/26/2016	\$ 20
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) Paul D. Johnson 9304 Hay Meadow Ct Raleigh, NC 27603	b. Job Title/Profession Retired	d. Comments
	c. Employer's Name/Specific Field	
e. Election Sum to Date \$ 50		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	online Donation		2/26/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total for this Page \$ 90
5. Total for all CRO 1205 Pages \$ 2654

Contributions from Individuals

Pg 15 of 16

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 or Name (and contact information)						
NC Heritage PAC						
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JAMES R. NORRIS P.O. Box 845 Four Oaks, NC 27524			Accountant			
			c. Employer's Name/Specific Field			
			Temporary Solutions	e. Election Sum to Date		
				\$ 25		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Online Donation		02/26/2016	\$ 25	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
CHARLES R. RACKLEY 1905 Pyerson Dr. CARNER, NC 27529			Retired			
			c. Employer's Name/Specific Field			
				e. Election Sum to Date		
				\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Online Donation		02/27/2016	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
William Tucker 327 Sedgefield Gate Rd Greensboro, NC 27407			Retired			
			c. Employer's Name/Specific Field			
				e. Election Sum to Date		
				\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CSA	Online Donation		02/27/2016	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Total on this Page					\$ 125	
6. Total on ALL CRO 1205 Pages					\$ 2654	

Contributions from Individuals

Pg 16 of 16

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 Fund if applicable) 2. ID Number

NC Heritage PAC

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
PERRY MILLER 245 Pinecrest St. Salisbury, NC 28147	Assembly	e. Election Sum to Date \$ 50
	c. Employer's Name/Specific Field DTNA Freightliner	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	online donation		02/29/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Michael Beelin 122 Laurel Ridge Ln Murphy, NC 28906	Retired	e. Election Sum to Date \$ 50 ^a
	c. Employer's Name/Specific Field	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	online donation		02/29/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kenneth Chamberlee 8792 Hwy 62 N Milton, NC 27305	Retired	e. Election Sum to Date \$ 50
	c. Employer's Name/Specific Field -	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CSA	online donation		02/29/2016	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 150

5. Total of ALL CRO-1210 Pages \$ 2654

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

Other Receipt Sources

Amendment

Pg 1 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NC Heritage PAC							
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)							
<input type="checkbox"/> Interest		<input checked="" type="checkbox"/> Contributions from Not-for-Profit Organizations			<input type="checkbox"/> Outside Sources of Income		
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610				58 1329948			
				c. Outside Source Explanation		e. Election Sum to Date	
				organization is # 501 C3		\$ 95	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount			
CSA		Secretary of State Filing	12/10/2016	\$ 95			
				\$			
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610				58 1329948			
				c. Outside Source Explanation		e. Election Sum to Date	
				501 C3		\$ 148.48	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount			
CSA		To Jake Sullivan for web domain	01/06/2016	\$ 53.48			
				\$			
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Not-for-Profit Federal ID #		d. Comments	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610				58 1329948			
				c. Outside Source Explanation		e. Election Sum to Date	
				501 C3		\$ 1,148.48	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount			
CSA		Oasis Creative LLC web site	02/16/2016	\$ 1000			
				\$			
5. Total only this Page						\$ 1148.48	
6. Total of ALL CRO-1250 Pages						\$ 1943.48	
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small>							
<small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contributions)</small>							
<small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>							

Other Receipt Sources

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
NC Heritage PAC					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input checked="" type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610		581329948			
		c. Outside Source Explanation			
		501 C3			
				e. Election Sum to Date	
				\$ 1648.48	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
CSA		Oasis web site Hosting	02/16/2016	\$ 500	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610		581329948			
		c. Outside Source Explanation			
		501 C3			
				e. Election Sum to Date	
				\$ 1743.48	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
CSA		To FRANK POWELL for donation portal	02/16/2016	\$ 95	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
		c. Outside Source Explanation			
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 595	
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contributions)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$ 1943.48	

Other Receipt Sources

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

1. Committee Full Name (and Fund if applicable) <i>NC Heritage PAC</i>			2. ID Number	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>NC Division, Sons of Confederate Veterans CAMP # 1695 7738 TAAD LANE ELM CITY, NC 27822</i>		b. Not-for-Profit Federal ID # <i>582188544</i>	d. Comments <i>ORGANIZATION meets requirements OF STATE 163-278.19F</i>	
		c. Outside Source Explanation <i>The Sons of Confederate Veterans in a 501 C3</i>	e. Election Sum to Date <i>\$ 200</i>	
f. Account Code <i>CSA</i>	g. Form of Payment <i>By check</i>	h. In-Kind Description	i. Date (mm/dd/yyyy) <i>02/12/2016</i>	j. Amount <i>\$ 200</i>
				\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
		c. Outside Source Explanation	e. Election Sum to Date	
			\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
		c. Outside Source Explanation	e. Election Sum to Date	
			\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
5. Total only this Page				<i>\$ 200</i>
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				<i>\$ 1943.48</i>

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NC Heritage PAC			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		NC DIV SCU 15 A 50103 NOBS 163-278. 19(F)	
		d. Election Sum to Date	
		\$ 95.00	
e. Description		f. Date (mm/dd/yyyy)	
NC Secretary of State Filings		12/10/15	
		g. Fair Market Amount	
		\$ 60.00	
NC Secretary of State Filings		12/10/15	
		\$ 30.00	
NC Secretary of State Filings		12/10/15	
		\$ 5.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		"	
		d. Election Sum to Date	
		\$ 1648.48	
e. Description		f. Date (mm/dd/yyyy)	
JAKE SULLIVAN FOR web site domain		1/6/16	
		g. Fair Market Amount	
		\$ 53.48	
Oasis Creative LLC web site		2/16/2016	
		\$ 1000.00	
" " web site Hosting		2/16/2016	
		\$ 500.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NC Division Sons of Confederate Veterans 3445 Sigmont Dr. Claremont, NC 28610		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		"	
		d. Election Sum to Date	
		\$ 1743.48	
e. Description		f. Date (mm/dd/yyyy)	
FRANK POWELL FOR web site portal		2/16/2016	
		g. Fair Market Amount	
		\$ 95.00	
		\$	
		\$	
4. Total only this Page		\$ 1743.48	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,794.48	

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NC Heritage PAC			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Thomas Smith 3621 Griffice Mill Rd Raleigh, NC 27610		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 51. ⁰⁰	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENT to open a P.O. Box		2/10/2016	\$ 51. ⁰⁰
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 51. ⁰⁰	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page (CRO-100))</small>		\$ 1794.48	

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	
NC Heritage PAC							
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	
Stripe INC 380 18th Street San Francisco, CA 94110						Deducted from Donations	
				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:		\$ 42.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CSA	Deducted from Donations	O/C	02/12 To 02/29/2016	\$ 42.20	DONATION collection Fees (C)		
				\$			
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	
Harland Clarke Checks							
				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:		\$ 157.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CSA	Debited		02/25/2016	\$ 157.02	K		
				\$			
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)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input 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		
				\$			
				\$			
5. Total only this Page						\$ 199.22	
6. Total of ALL CRO-1310 Pages						\$ 199.22	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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)							

**NC Heritage PAC
P.O. Box 14388
Raleigh, NC 27620**



1000



27611

U.S. POSTAGE
PAID
GARNER, NC
27526
MAR 04, 18
AMOUNT

\$1.86

R2304E105736-09

**NC Board Of Elections Office
P.O. Box 27255
Raleigh, NC 27611-7255**