Disclosure Report Cover

Amendment ☐ Yes ☒ No

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

1. Committee Information

a. Full Name: BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

c. ID Number: 7940011

b. Mailing Address (include City, State and Zip Code): P.O. BOX 1111 ELIZABETHTOWN, NC 28337

d. Date Filed: 01-09-2017

e. Phone Number: 910-862-4868

2. Report Year: 2016 | Period Start Date: 10/23/2016 | Period End Date: 12/31/2016 | Treasurer Full Name: MINNIE B. PRICE

3. Type of Committee / Fund

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

4. Type of Fund
- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

5. Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

6. State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☒ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

7. Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

8. Number of Fund-Raisers Held

9. Special Report Name

10. Specific Information

a. Financial Institution Full Name: BRANCH BANKING AND TRUST COMPANY

b. Purpose: CHECKING ACCOUNT

c. Account Code: A

d. Period Begin Balance: $4307.35

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

RECEIVED JAN 11 2017 Campaign Finance Office NC State Board of Elections

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

MINNIE B. PRICE (Printed Name of Signer) — Minnie B. Price (Signature of Appointed Treasurer) — 01/09/2017 (Date)

FOR OFFICE USE ONLY

Date Received: 1/11/17 — Employee: TRH

Date Postmarked: 1/9/17 — Employee: TRH

Date Scanned: 1/12/17 — Employee: MP

Date Data Entered: _____ — Employee: _____

Delivery Method
- ☐ Normal Mail
- ☒ Registered Mail
- ☐ Hand-Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

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

Detailed Summary

Amendment ☐ Yes ☒ No

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

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

Start of Election Cycle: January 1, 2016		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4307.35	$ 4307.35
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 1608.00	$ 1608.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 6000.00	$ 6000.00
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)		$ 7608.00	$ 7608.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 6784.04	$ 6784.04
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/Rebates/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)		$ 6784.04	$ 6784.04
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 5131.31	$ 5131.31
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Contributions from Individuals

Pg 1 of 2

Amendment ☐ Yes ☒ No

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

BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) | 7940011

Full Name, Mailing Address, & Phone (include city, state, & zip)	Occupation	Comment
HORACE MUNN 1161 EAST ARCADIA ROAD RIEGELWOOD, NC 28456	CONTRACTOR SELF-EMPLOYED	$

Prior	Account Code	Form of Payment	Check No.	Date	Amount
☐	A	CHECK		10/31/2016	$ 160.00
☒	A	CHECK		10/21/2016	$ 250.00
☒	A	CHECK		06/23/2016	$ 250.00

Full Name, Mailing Address, & Phone (include city, state, & zip)	Occupation	Comment
HORACE MUNN 1161 EAST ARCADIA ROAD RIEGELWOOD, NC 28456	CONTRACTOR SELF-EMPLOYED	$ 1,060.00

Prior	Account Code	Form of Payment	Check No.	Date	Amount
☒	A	CASH		02/26/2016	$ 400.00
☐					$
☐					$

Full Name, Mailing Address, & Phone (include city, state, & zip)	Occupation	Comment
G. MICHAEL COSDELL 2990 MARTIN L. KING, JR. DRIVE ELIZABETHTOWN, NC 28337	RETIRED BLADEN COUNTY COUNTY COMMISSIONER	$

Prior	Account Code	Form of Payment	Check No.	Date	Amount
☐	A	CHECK		10/31/2016	$ 250.00
☒	A	CHECK		10/18/2016	$ 500.00
☒	A	CASH		03/02/2016	$ 50.00
					$ 410.00
					$ 1,608.00

Contributions from Individuals

Pg 2 of 2

Amendment ☐ Yes ☒ No

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

1. Committee Name (last, first, MI)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING, JR. DRIVE ELIZABETHTOWN, NC 28337	RETIRED	
	c. Employer's Name/Specific Field	e. Election Term to Date
	BLADEN COUNTY COUNTY COMMISSIONER	$ 1,850.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CASH		02/10/2016	$ 500.00
☒	A	CASH		02/26/2016	$ 300.00
☒	A	CHECK		06/23/2016	$ 250.00

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
TIM BENTON P.O. BOX 778 246 LEE STREET BLADENBORO, NC 28320		
	c. Employer's Name/Specific Field	e. Election Term to Date
		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		11/01/2016	$ 200.00
☐					$
☐					$

3. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KENNETH M. REGISTER, JR. P.O. BOX 1990 ELIZABETHTOWN, NC 28337	REALTOR	
	c. Employer's Name/Specific Field	e. Election Term to Date
	SELF-EMPLOYED	$ 998.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		11/08/2016	$ 998.00
☐					$
☐					$
Additional Contributors Pages					$ 1,198.00
Page Total					$ 1,608.00

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
NORTH CAROLINA DEMOCRATIC PARTY FEDERAL ACCOUNT 220 HILLSBOROUGH STREET RALEIGH, NC 27603 919-821-2777	c. Election Sum to Date: $ 8,500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
A	CHECK		11/01/2016	$ 6,000.00
				$
				$

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

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

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

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$
				$ 6,000.00
				$ 6,000.00

Amendment ☐ Yes ☒ No

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

3. Type of Disbursement(s): (Only one category may be marked per Disbursement Schedule)

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

☐ Add ☐ Amend

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/06/2016	$ 25.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

☐ Add ☐ Amend

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.
A	CHECK	O	01/12/2016	$ 100.00	G.O.T.V.

☐ Add ☐ Amend

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	02/17/2016	$ 50.00	G.O.T.V.
				$	

5. Continuation Page	$ 0
6. Total of this Page (Carry forward to next Page)	$ 6784.04

(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 a purpose code that is consistent with the purpose of the committee)

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 (see Instructions for Completing CRO Forms)

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 see instructions for definitions of Disbursement)

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ROSA PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 455.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 200.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

5. Total for this Page	$ 540.00
6. Total for 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 explanations in the required remarks field (k))

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 mark appropriate box. Instructions for Schedule of Disbursements)

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 860.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 100.00	G.O.T.V.
A	CHECK	O	10/06/2016	$ 50.00	G.O.T.V.
					$ 300.00

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 descriptive language other than "other")

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

* Codes require detailed explanation in Required Remarks field (k)

Disbursements

Pg 4 of 28

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 refer to Instructions for definitions of Disbursement.)

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.
A	CHECK	O	01/12/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 880.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	02/17/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.

5. Total on this Page $ 150.00

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 codes from committee type listed 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 explanations in required remarks field (k)

Amendment ☐ Yes ☒ No

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 Board to which applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THADDEUS JOHNSON 3360 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 47.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	10/31/2016	$ 47.00	G.O.T.V. STAMPS
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DONNIE WHITTED 520 FRANK MELVIN ROAD ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DELISA GRAHAM 312 TROY GRAHAM ROAD RIEGELWOOD, NC 28456	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 50.00	G.O.T.V.

5. This Page	$ 227.00
6. Total to Date (Last Page Only)	$

(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 specific purpose codes whenever possible)

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

* Codes requiring detailed explanation (see Instructions, page 2)

Disbursements

Amendment ☐ Yes ☒ No

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

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

3. Type of Disbursement: (Please use separate CRO-1310 report for each type of Disbursement)

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DELISA GRAHAM 312 TROY GRAHAM ROAD RIEGELWOOD, NC 28456	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 100.00	G.O.T.V.
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BARBARA COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	04/22/2016	$ 100.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BARBARA COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	01/07/2016	$ 100.00	G.O.T.V.
A	CHECK	O	01/27/2016	$ 100.00	G.O.T.V.

5. Total(s) this Page	$ 300.00
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 (for detailed explanations see the above)

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

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

Amendment ☐ Yes ☒ No

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 (Individual if Applicable): BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

2. ID Number: 7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): BARBARA COGDELL, 2990 MARTIN L. KING DRIVE, ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 730.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): ANNIE LEAKE, 134 GOWEN ROAD, BLADENBORO, NC 28320

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 50.00	G.O.T.V.
				$	

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): CAROL LEWIS, P.O. BOX 102, DUBLIN, NC 28332

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total this Page: $ 360.00

6. Total All Pages (Use Only This Page If Only One Page): $

(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 (See instructions for more detailed explanation):

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* - Other Expenses; O* - Donation to Legal Expense Fund; O* Other

* Codes requiring additional explanation (see page 2)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794 0011

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

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

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	01/07/2016	$ 100.00	G.O.T.V.
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.

5. Total only this Page	$ 350.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Disbursements

Amendment ☐ Yes ☒ No

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

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

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 960.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SIDNEY CROMARTIE 509 COLUMBUS COUNTY ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

5. Total on this Page	$ 390.00
6. Total to Date (CRO-1310 Page 1) (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 general purpose code if not listed)

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 requires detailed explanation in the required remarks field (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794011

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

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

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	09/20/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/12/2016	$ 50.00	G.O.T.V.
A	CHECK	O	04/22/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY L. JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	05/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	01/07/2016	$ 100.00	

5. Total only this Page	$ 200.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm.)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Amendment ☐ Yes ☒ No

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 Board ID number if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
WANDA MONROE 123 CHARLES DRIVE COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	01/07/2016	$ 100.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
WILLIE MURCHISON 81 CLYDE HATCHER ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total on this Page: $ 240.00

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

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

* Codes sequired to be itemized on Schedule B (Itemized Disbursements), Page 2

Disbursements

Amendment ☐ Yes ☒ No

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

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

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

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

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 270.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 270.00	G.O.T.V.
A	CHECK	O	09/13/2016	$ 50.00	G.O.T.V.

5. Total only this Page	$ 540.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (List detailed expenditure code in (h) above)

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

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794011

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	09/27/2016	$ 50.00	G.O.T.V.
A	CHECK	O	10/12/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	03/02/2016	$ 50.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	05/17/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

5. Total only this Page	$ 0
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

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

Amendment ☐ Yes ☒ No

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 Board ID Number if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement(s): ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

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): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	05/31/2016	$50.00	G.O.T.V.
A	CHECK	O	02/10/2016	$50.00	G.O.T.V.

4. Payee Information

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): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 1050.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$150.00	G.O.T.V.
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DERRICK LEWIS 346 BRYANT SWAMP ROAD BLADENBORO, NC 28320	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	11/08/2016	$80.00	G.O.T.V.

5. Total this Page: $ 310.00

6. Total to Date (Last Page Only): $

(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 (Explanation required for each code used)

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

* Codes require detailed explanation (see Instructions, page 2)

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)	714-6011

3. Type of Disbursement: *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Comments
THELMA THOMAS P.O. BOX 51 KELLY, NC 28448	d. Level Registered Specific: ☐ Federal ☐ County ☒ State ☐ 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
A	CHECK	O	03/25/2016	$ 100.00	G.O.T.V.
A	CHECK	O	01/12/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Comments
THELMA THOMAS P.O. BOX 51 KELLY, NC 28448	d. Level Registered Specific: ☐ Federal ☐ County ☒ State ☐ 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
A	CHECK	O	02/17/2016	$ 50.00	G.O.T.V.
A	CHECK	O	10/06/2016	$ 25.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Comments
THELMA THOMAS P.O. BOX 51 KELLY, NC 28448	d. Level Registered Specific: ☐ Federal ☐ County ☒ State ☐ Municipality	e. Election Sum to Date: $ 405.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

5. Total only this Page: $ 130.00

6. Total of ALL CRO-1310 Pages: $
(This line goes in line 15c of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 15b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 15c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes *(List detailed expenditure code in (h.) above)*

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

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Type if PAC/Party)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$35.00	G.O.T.V.
A	CHECK	O	09/21/2016	$50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/03/2016	$50.00	G.O.T.V.
A	CHECK	O	03/16/2016	$100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	01/07/2016	$100.00	G.O.T.V.
A	CHECK	O	01/25/2016	$100.00	G.O.T.V.

5. Total on this page: $ 35.00

6. Total of all 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 general codes unless more specific code is required)

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 on Detailed Summary Page (E)

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 (Last Name if Individual)	2. ABC Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	02/01/2016	$50.00	G.O.T.V.
A	CHECK	O	11/02/2016	$50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 835.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.
A	CHECK	O	11/08/2016	$220.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOUVENIA SPELLS 107 AVE AVE WHITE OAK, NC 28399	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total this Page: $ 430.00

6. Total of All CRO Lines 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 alphabetic code which best describes purpose)

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 additional explanation (required remarks field)

Amendment ☐ Yes ☒ No

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 (only if applicable): BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

2. ID Number: 7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Edit

a. Full Name, Mailing Address & Phone (include city, state, & zip):
PATRICIA CROMARTIE
P.O. BOX 994
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$210.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Edit

a. Full Name, Mailing Address & Phone (include city, state, & zip):
PATRICIA CROMARTIE
P.O. BOX 994
ELIZABETHTOWN NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	06/02/2016	$50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Edit

a. Full Name, Mailing Address & Phone (include city, state, & zip):
PATRICIA CROMARTIE
P.O. BOX 994
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$50.00	G.O.T.V.
A	CHECK	O	11/03/2016	$200.00	G.O.T.V.

5. Total on this Page: $400.00

6. Total to Date (CRO-1310 Page): $

(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 (Enter code in column h. above for each disbursement):

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* - Other Expenses; Q* - Donation to Legal Expense Fund
O* Other

* Codes require detailed explanation in column k. (limit 40)

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

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PATRICIA CROMARTIE P.O. BOX 994 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 890.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/02/2016	$ 50.00	G.O.T.V.

5. Subtotal for this Page: $ 280.00

6. Total of All Checked 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 codes from the Purpose Code Table on page 3)

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 (see Purpose Code Table, page 3)

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 (Last Name, First Name, if Applicable)	2. SBE Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement(s): ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$50.00	G.O.T.V.
A	CHECK	O	11/03/2016	$200.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANN WRIGHT 279 WRIGHT ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CURTIS RHODIE 16081 TWISTED HICKORY ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.

5. Total this Page: $360.00

6. Total All Pages This Report: $

(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 primary code if more than one may apply)

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

* Codes require detailed explanation required in Remarks (Col. 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 (Limit 200 Characters)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LEROY BOYKINS 2836 OLD FAYETTEVILLE ROAD GARLAND, NC 28441		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 960.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERNON RICHARDSON 73 HWY 20 TAR HEEL, NC 28392		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total this page	$ 240.00
6. Total to CRO-1100 (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 (Required for all disbursements)

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			

8. Codes required for Earmarked Contributions (See CRO-1100)

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 Email if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PATRICIA JOHNSON 310 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ODELL JOHNSON 6690 JOHNSONTOWN ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ROBERT LEE BROWN 631 OLD TRAM ROAD CLARKTON, NC 28433		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total this Page: $ 240.00

6. Total to Date (CRO-1100 Line 13a): $

(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 codes to complete the "Purpose Code" column):

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 the 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 (Last Name, First Name, Full Committee Name)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
AUDREY ATKINSON P.O. BOX 217 COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
BRITNEY GRAHAM 1319 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
LENWARD BALDWIN 2990 MARTIN LUKING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/16/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

5. Subtotals this Page: $ 160.00

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 (Enter code in h. above for each disbursement listed 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 (col. 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: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
LENWARD BALDWIN 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 230.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Delete

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Cycle to Date
HORACE MUNN 1161 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 250.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Delete

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/08/2016	$ 50.00	G.O.T.V.
A	CHECK	F	11/04/2016	$ 50.04	PURCHASED TENT

5. Continuation Page(s) $ 430.04

6. Total(s) (Last CRO-1310 Page Only) $

(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 letters or codes in the Purpose Code column)

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 the 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 (Select one. Complete a separate CRO-1310 for each type selected.)

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	I	09/13/2016	$ 94.00	G.O.T.V. STAMPS
A	CHECK	I	09/20/2016	$ 47.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ 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 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	I	10/13/2016	$ 97.00	G.O.T.V. STAMPS
A	CHECK	I	03/03/2016	$ 99.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ 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 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	I	03/09/2016	$ 58.80	G.O.T.V. STAMPS
A	CHECK	I	03/16/2016	$ 9.80	G.O.T.V. STAMPS

5. Total on this Page	$ 0
6. Total on CRO-1310 This Page *(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 specific purpose under "Other")

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 explanations (required remarks field)

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 (Last Word Prints First)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement (Select one. Complete all items for that section.)

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

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	03/18/2016	$300.00	G.O.T.V.
A	CHECK	I	05/31/2016	$48.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	06/07/2016	$50.00	G.O.T.V.
A	CASH	I	02/05/2016	$49.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	I	02/11/2016	$49.00	G.O.T.V. STAMPS
A	CHECK	I	02/18/2016	$107.80	G.O.T.V. STAMPS

5a. This Detailed Summary Page	$ 0
6. Total of All Detailed Summary 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 (Enter the code that most specifically describes the purpose)

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 requiring detailed explanation in required remarks (item k)

Disbursements

Pg 28 of 28

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

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 1307.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	02/25/2016	$ 98.00	G.O.T.V. STAMPS
A	CHECK	O	02/29/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	10/21/2016	$ 4.00	BANK SERVICE CHARGE
A	DEBIT ACCOUNT	O	11/21/2016	$ 4.00	BANK SERVICE CHARGE

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 64.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	12/21/2016	$ 4.00	BANK SERVICE CHARGE
				$	

5. Total this Page	$ 12.00
6. Total of all CRO-1310 Pages	$ 6784.04

(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

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 required to fully explain transaction in accordance with G.S. 163-278.16(b)(2)



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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7015 0640 0004 2650 6820