

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		c. ID Number
a. Full Name <i>Joan Thurman Campaign</i>		
b. Mailing Address (include City, State and Zip Code) <i>10 Firestone Dr. Pinehurst, NC 28374</i>		d. Date Filed
		e. Phone Number

2. Report Year <i>2011</i>	3. Period Start Date (mm/dd/yy) <i>7/26/2011</i>	4. Period End Date (mm/dd/yy) <i>9/27/2011</i>	5. Treasurer Full Name <i>Beverly Shebs</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report
0

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Bank # [redacted]</i>		a. Financial Institution Full Name	
b. Purpose <i>deposits & payments</i>	c. Account Code <i>01</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 900.00</i>		d. Period Begin Balance <i>\$</i>

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.

BEVERLY SHEBS *Beverly J. Shebs* *10/3/11*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *10/4/11* Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

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.

RECEIVED
 OCT 04 2011
 [Stamp]

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
<i>John Thurman Campaign</i>			
Start of Election Cycle: January 1, <i>2011</i>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <i>900.00</i>	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ <i>1760.00</i>	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <i>1760.00</i>	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <i>823.13</i>	\$	
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)	\$ <i>77.52</i>	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>900.65</i>	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>1759.35</i>	\$	
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

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
<i>Iron Thurman Campaign</i>						
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	
<i>Catherine Earle 313 Palomar St. Fayetteville 28314</i>			<i>retired</i>			
			c. Employer's Name/Specific Field			
			<i>[Signature]</i>		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>check</i>		<i>9/12/11</i>	\$ <i>40⁰⁰</i>	
<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	
<i>Douglas Lapins 125 Carter Ln. Pinehurst 28374</i>			<i>retired</i>			
			c. Employer's Name/Specific Field			
			<i>[Signature]</i>		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>check</i>		<i>9/12/11</i>	\$ <i>100⁰⁰</i>	
<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	
<i>Stan Bradshaw P.O. 1972 Pinehurst 28370</i>			<i>Manager</i>			
			c. Employer's Name/Specific Field			
			<i>self -</i>		e. Election Sum to Date	
			<i>Bradshaw Capital Mgmt</i>		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>check</i>		<i>9/12/11</i>	\$ <i>250⁰⁰</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>390⁰⁰</i>	
5. Total of ALL CRO-1210 Pages					\$	
<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 (and Fund if applicable)						2. ID Number	
<i>Jan Herman Campaign</i>							
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
<i>Richard Cure 250 Frye Rd. Pinehurst 28374</i>				<i>Retired</i>			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				<i>[Signature]</i>		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>check</i>		<i>9/12/11</i>	\$ <i>50.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
<i>Belvera Angle 16 Montclair Ln. Pinehurst 28374</i>				<i>Retired</i>			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				<i>[Signature]</i>		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>check</i>		<i>9/15/11</i>	\$ <i>25.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
<i>Derek Isgenry 2 Randolph Ct. Pinehurst 28374</i>				<i>owner</i>			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				<i>Carolina Financial</i>		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>check</i>		<i>9/15/11</i>	\$ <i>250.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>325.00</i>	
5. Total of ALL CRO-1210 Pages						\$ <i>715.00</i>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg 3 of 6 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
Joan Sherman Campaign						
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	
Martha Devault 70 Anniversary Rd Pinelhurst 28374			retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			O		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9/15/11	\$ 50 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	
Richard Bisbe 20 Heathstone Pinelhurst 28374			retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			O		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9/15/11	\$ 50 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	
Elinor Krueger 190 Heathstone Pinelhurst 28374			retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			O		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9/15/11	\$ 25 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 125 ⁰²	
5. Total of ALL CRO-1210 Pages					\$ 840 ⁰⁰	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 4 of 6 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) <i>Joan Hummer Campaign</i>	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Cindy Morgan 8688 NC H/W 705 Eagle Springs 27242</i>	b. Job Title/Profession <i>nurse</i>	d. Comments
	c. Employer's Name/Specific Field <i>@ large</i>	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>check</i>		<i>9/22/11</i>	\$ <i>200⁰⁰</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Judith Miles 145 Mercor Circle Pinehurst 28374</i>	b. Job Title/Profession <i>retired</i>	d. Comments
	c. Employer's Name/Specific Field <i>Ø</i>	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>check</i>		<i>9/22/11</i>	\$ <i>20⁰⁰</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Phil Matz 175 Interrary Pinehurst 28374</i>	b. Job Title/Profession <i>retired</i>	d. Comments
	c. Employer's Name/Specific Field <i>Ø</i>	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>check</i>		<i>9/22/11</i>	\$ <i>50⁰⁰</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ *270⁰⁰*

5. Total of ALL CRO-1210 Pages \$ *1,110⁰⁰*
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Page 5 of 6

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

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <p style="font-size: 1.2em; text-align: center;">J. M. Costone P.O. 3330 Pinehurst 28374</p>	b. Job Title/Profession <p style="text-align: center; font-size: 1.2em;">Retired</p>	d. Comments e. Election Sum to Date \$
c. Employer's Name/Specific Field <p style="text-align: center; font-size: 1.5em;">⊙</p>		f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment <p style="font-size: 1.2em; text-align: center;">Check</p>
i. In-Kind Description		j. Date (mm/dd/yyyy) <p style="font-size: 1.2em; text-align: center;">9/22/11</p>
k. Amount <p style="font-size: 1.2em; text-align: right;">\$ 50⁰⁰</p>		\$ \$ \$

a. Full Name, Mailing Address & Phone (include city, state, & zip) <p style="font-size: 1.2em; text-align: center;">Howard Warren 60 Walnut Creek Rd Pinehurst 28374</p>	b. Job Title/Profession <p style="text-align: center; font-size: 1.2em;">Retired</p>	d. Comments e. Election Sum to Date \$
c. Employer's Name/Specific Field <p style="text-align: center; font-size: 1.5em;">⊙</p>		f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment <p style="font-size: 1.2em; text-align: center;">Check</p>
i. In-Kind Description		j. Date (mm/dd/yyyy) <p style="font-size: 1.2em; text-align: center;">9/22/11</p>
k. Amount <p style="font-size: 1.2em; text-align: right;">\$ 50⁰⁰</p>		\$ \$ \$

a. Full Name, Mailing Address & Phone (include city, state, & zip) <p style="font-size: 1.2em; text-align: center;">Harris Blake P.O. 4266 Pinehurst 28374</p>	b. Job Title/Profession <p style="text-align: center; font-size: 1.2em;">NC Senator</p>	d. Comments e. Election Sum to Date \$
c. Employer's Name/Specific Field <p style="text-align: center; font-size: 1.5em;">NC Senate</p>		f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment <p style="font-size: 1.2em; text-align: center;">Check</p>
i. In-Kind Description		j. Date (mm/dd/yyyy) <p style="font-size: 1.2em; text-align: center;">9/22/11</p>
k. Amount <p style="font-size: 1.2em; text-align: right;">\$ 50⁰⁰</p>		\$ \$ \$

4. Total only this Page <p style="font-size: 1.5em; text-align: right;">\$ 150⁰⁰</p>		\$
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) <p style="font-size: 1.5em; text-align: right;">\$ 1260⁰⁰</p>		\$

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

1. Committee Full Name (and Fund if applicable) Joan Hummer Campaign 2. ID Number

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
George Vickus
175 Brookhaven
Pinehurst 28374

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field
○

d. Comments

e. Election Sum to Date
\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>check</u>		<u>9/22/11</u>	<u>\$ 200⁰⁰</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Howard Coble
5741 Bramble Gate
7
Greensboro 27409

b. Job Title/Profession
US Congressman

c. Employer's Name/Specific Field
US Congress

d. Comments

e. Election Sum to Date
\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>check</u>		<u>9/27/11</u>	<u>\$ 300⁰⁰</u>
<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

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$

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

4. Total only this Page \$ 500⁰⁰

5. Total of ALL CRO-1210 Pages \$ 1760⁰⁰

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) <i>Joan Hurman Campaign</i>						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>First Bank P.O. 925 Joy. 27371</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Bank</i>	<i>K</i>	<i>7/26/11</i>	<i>\$ 12⁰⁰</i>	<i>printed checks</i>	
	<i>withheld</i>			\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Lois Mitchell 70 Sugar Gum Ln #9 Pinehurst 28374</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>0</i>	<i>8/7/11</i>	<i>\$ 10³⁸</i>	<i>merchandise</i>	
	<i>check</i>	<i>0</i>	<i>8/11/11</i>	<i>\$ 20¹³</i>	<i>merchandise</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Lois Mitchell above</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>B</i>	<i>8/27/11</i>	<i>\$ 47⁰¹</i>	<i>Business cards</i>	
5. Total only this Page						<i>\$ 89⁵²</i>
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable) <i>Don Thurman Campaign</i>						2. ID Number
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	
<i>The Pilot P.O. 36 So. Pines 28388</i>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>A</i>	<i>8/11/11</i>	<i>\$ 5.50</i>	<i>Web ad</i>	
				\$		
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	
<i>U.S. Postal Service Pinehurst, 28374</i>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>I</i>	<i>8/21/11</i>	<i>\$ 44.00</i>	<i>Postage</i>	
	<i>Check</i>	<i>I</i>	<i>8/23/11</i>	<i>\$ 88.00</i>	<i>Postage</i>	
				\$		
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	
<i>Johnny O's 740 N Sand Hills Rd Abbeville 28315</i>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>Check</i>	<i>K</i>	<i>9/21/11</i>	<i>\$ 48.03</i>	<i>Badges</i>	
				\$		
5. Total only this Page						\$ <i>730.03</i>
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)						\$ <i>819.55</i>
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						

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) <i>San Thurman Campaign</i>	2. ID Number
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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

Add Remove

4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Staples 220 Turner St. Aberdeen 28315</i>	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date
		\$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<i>check</i>	<i>K</i>	<i>8/17/11</i>	\$ <i>81.10</i>	<i>office supplies</i>
				\$	

4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
		\$	

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

4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
		\$	

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

5. Total only this Page	\$ <i>81.10</i>
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)	\$ <i>900.65</i>

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)

CRO-1310 NC State Board of Elections December 2009