

# Disclosure Report Cover

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

AMENDMENT  Yes  No

MOORE COUNTY PUBLIC COPY

<b>1. Committee Information</b>		c. ID Number
a. Full Name <u>Ellen Marcus for Commissioner</u>		
b. Mailing Address (include City, State and Zip Code) <u>111 Hillard Road Pinehurst NC 28374</u>		d. Date Filed <u>NOV 18 2013</u>
		e. Phone Number <u>910-603-2739 910-420-2797</u>

<b>2. Report Year</b> <u>2012</u>	<b>3. Period Start Date (mm/dd/yy)</b> <u>7-1-13</u>	<b>4. Period End Date (mm/dd/yy)</b> <u>11/18/13</u>	<b>5. Treasurer Full Name</b> <u>Rebekah Harper</u>
--------------------------------------	---	---	--

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<b>10. Special Report Name</b>
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>8. Number of Fundraisers this Report</b> <u>0</u>		<b>11. Account Information</b>	
a. Financial Institution Full Name <u>Wells Fargo Bank</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign operations</u>	c. Account Code <u>228</u>	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 17.46</u>		d. Period Begin Balance <u>\$</u>

**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.

Ellen Marcus Printed Name of Signer      Rebekah Harper Signature of Appointed Treasurer      11-18-13 Date

<b>FOR OFFICE USE ONLY</b>		<b>Delivery Method</b>	
Date Received: <u>11/18/13</u>	Employee: <u>[Signature]</u>	<input type="checkbox"/> Normal Mail	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Scanned: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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.

Amendment  
 Yes  No

### Detailed Summary

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Ellen Marcus for Commissioner		Final			
<b>Start of Election Cycle:</b> January 1, 2012		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 77.46		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 2310.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 1500.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 10.00		\$ 10.00	
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)		\$ 10.00		\$ 3820.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$ 3462.62	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 87.46		\$ 87.46	
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)		\$		\$ 269.92	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 87.46		\$ 3820.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Disbursements

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) <b>Ellen Marcus for Commission</b>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input checked="" 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>McDem. Women PO Box 656 Carrhage, NC 28327</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <b>87.46</b>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<b>228</b>	<b>YMO</b>	<b>G</b>	<b>11-15-13</b>	<b>\$ 87.46</b>			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ <b>87.46</b>	
6. Total of ALL CRO-1310 Pages						\$ <b>87.46</b>	
7. Purpose Codes (list detailed expenditure code in (b) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
Codes require detailed explanation in required remarks field (k)							

# Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Ellen Marceus for Commissioners					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Murfield Broadcasting, Inc 200 Short Road Southern Pines, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Expenditure Date 11/5/12
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Ad. Refund	
k. Account Code			l. Form of Payment		m. In-Kind Description
228			ck		
n. Date (mm/dd/yyyy)			o. Amount		
11-7-13			\$ 10.00		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Expenditure Date
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
k. Account Code			l. Form of Payment		m. In-Kind Description
n. Date (mm/dd/yyyy)			o. Amount		
			\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Expenditure Date
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
k. Account Code			l. Form of Payment		m. In-Kind Description
n. Date (mm/dd/yyyy)			o. Amount		
			\$		
<b>4. Total only this Page</b>					\$ 10.00
<b>5. Total of ALL CRO-1240 Pages</b> <small>(This line must be on line 10 of Detailed Summary Page (CRO-1100))</small>					\$ 10.00