

# 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

MOORE COUNTY BOARD OF ELECTIONS  
 Yes  No

<b>1. Committee Information</b>	
a. Full Name <i>Catherine Graham for Commissioner</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 1262 CARTHAGE, NC 28327</i>	d. Date Filed <i>JUL 03 2014</i>
	e. Phone Number <i>910-947-2604</i>

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>04-20-2014</i>	4. Period End Date (mm/dd/yy) <i>06-30-2014</i>	5. Treasurer Full Name <i>MYRTON THOMAS STEWART</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input 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 checked="" 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	
		<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	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>BANK OF AMERICA</i>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code <i>1</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 1758.19</i>		d. Period Begin Balance

**CERTIFICATION**

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

*MYRTON THOMAS STEWART*      *[Signature]*      *7-3-14*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: *7-3-14*      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.

# 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
Catherine GRAMM for Commission	SECOND QUARTER	
Start of Election Cycle: January 1, 2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1,758.19	\$ 4532.19
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ -	\$ 65.00
6) Contributions from Individuals (CRO-1210)	\$ 251.00	\$ 6660.61
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)	\$ -	\$
<b>11) Other Receipt Sources</b>		
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)	\$ 251.00	\$ 6725.61
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
13a) Operating Expenditures (CRO-1310)	\$ 1630.57	\$ 3301.63
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)	\$	\$ 885.75
17) In-Kind Contributions (CRO-1510)	\$ 151.00	\$ 2310.61
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1781.57	\$ 6497.99
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 227.62	\$ 227.62
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ -	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ -	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ -	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ -	
24) Account Transfers Within the Committee (CRO-1720)	\$ -	
25) Administrative Support (CRO-1710)	\$ -	\$ -
26) Forgiven Loans (CRO-1440)	\$ -	\$ -
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ -	\$ -
28) Contributions to be Refunded (CRO-1215)	\$ -	\$ -

# Contributions from Individuals

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	
Catherine GRAHAM for Commissioner							
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	
ANONYMOUS CASH CONTRIBUTION (FORFEITED TO SBOE)				N/A			
				c. Employer's Name/Specific Field			
				N/A			
				e. Election Sum to Date			
						\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CASH		05-04-2014	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WANEY BOG FIORIZZO 185 EVERETTE RD PINEHURST, N.C. 28374 910-295-0534				MAYOR			
				c. Employer's Name/Specific Field			
				VILLAGE OF PINEHURST			
				e. Election Sum to Date			
						\$389.95	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1		FOOD & DRINKS MEET & GREET RECEPTION	05-01-2014	\$ 70.00		
<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	
Ralph Redmond 11 ABBOTTSFORD DR PINEHURST, NC 28374 910-295-7532				Retired/INSURANCE			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			Food- Reception	04-22-2014	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 190.00	
5. Total of ALL CRO-1210 Pages						\$ 251.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# 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)						2. ID Number	
Catherine Graham for Commissioner							
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	
Lydia Borsch 35 McMichael Dr Pinehurst, N.C. 28374 910-255-3062				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF Employed		\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			Drinks - meet & greet Reception	04-22-2014	\$ 45.00		
<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	
Elizabeth Ritter 120 Lakey Siding Rd Robbins, NC 27325 910-464-3945				Retired / State of N.C.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 16.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			Food - meet & greet Reception	04-22-2014	\$ 16.00		
<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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 61.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 251.00	

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
Catherine Graham for Commissioner						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
The P202 P.O. Box 58 Southern Pines, N.C. 910-693-2481    28382					Political Ads for Candidate	
			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:		\$1,185.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	04-21-2014	\$395.00	4-27-14 - 4-30-2014 5-4-14 (2x5'11") political ads	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WIDZ - MIXFIELD BROADCASTING, INC. 200 Short Rd Southern Pines, N.C. 910-692-2107    28387					Radio Ads for Candidate	
			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:		\$800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	04-21-2014	\$800.00	550 AM - 700 Spots 102.5 FM - 50 Spots (See ATTACHED)	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Harris Printing P.O. Box 609 West End, N.C. 27376 910-673-5641					Political Printing of Cards for Candidate	
			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:		\$394.97	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	04-21-2014	\$135.57	Political Handout Cards	
				\$		
<b>5. Total only this Page</b>						\$1,330.57
<b>6. Total of ALL CRO-1310 Pages</b>						\$
(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)						
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Catherine Graham for Commissioner							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
The Pilot P.O. Box 58 Southern Pines, N.C. 28387 910-693-2481						Thank-you Ad for Candidate	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	A	05-07-2014	\$200.00	1-4x6" color ad published 5-11-2014		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SBOE - N.C. Civil Penalty and Forfeiture Fund 44 North Harrington Street Raleigh, N.C. 27603 919-733-7173						ANONYMOUS CASH CONTRIBUTION FOR FEES	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
0	check	0	05-30-2014	\$100.00	DISBURSE UNKNOWN CASH		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>5. Total only this Page</b>						\$300.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$1,630.57	
(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)							
<b>7. Purpose Codes</b> (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)							

ORDER CONFIRMATION



04/23/14

CAT020

CATHERINE GRAHAM

Order #: 104476  
 Acct Exec: JAN LIVERMAN  
 Start Date: 04/22/14  
 Amount: \$300.00

Billing: CAL

Item	Start Date	End Date	Times From - To	Commercials / Day							Rate	Total Spots	Total Cost
				Mo	Tu	We	Th	Fr	Sa	Su			
01	04/22/14	05/01/14	06:00A07:00P	6	6	6	6	6	6	6	3.00	60	180.00
	Cart - 0717		Length - 30	Stations: WIOZ-AM									
02	05/02/14	05/05/14	06:00A07:00P	8	0	0	0	8	8	8	3.00	32	96.00
	Cart - 0717		Length - 30	Stations: WIOZ-AM									
03	05/06/14	05/06/14	06:00A03:00P	0	8	0	0	0	0	0	3.00	8	24.00
	Cart - 0717		Length - 30	Stations: WIOZ-AM									
04/22/14 05/06/14											100	300.00	

BILLING PROJECTIONS

	Gross
Apr 14	162.00
May 14	138.00

Accepted for Station(s) \_\_\_\_\_

Accepted for Advertiser \_\_\_\_\_

# ORDER CONFIRMATION



04/23/14

CAT020

CATHERINE GRAHAM

Order #: 114117  
 Acct Exec: JAN LIVERMAN  
 Start Date: 04/22/14  
 Amount: \$500.00

Billing: CAL

Item	Start Date	End Date	Times From-To	Commercials / Day							Rate	Total Spots	Total Cost	
				Mo	Tu	We	Th	Fr	Sa	Su				
01	05/04/14	05/05/14	06:00 19:00	5	0	0	0	0	0	0	5	10.00	10	100.00
	Cart - 0717		Length - 30	Stations: WIOZ-FM										
02	05/06/14	05/06/14	06:00 15:00	0	5	0	0	0	0	0	5	10.00	5	50.00
	Cart - 0717		Length - 30	Stations: WIOZ-FM										
03	04/23/14	05/03/14	06:00 15:00	3	3	3	3	3	3	3	0	10.00	30	300.00
	Cart - 0717		Length - 30	Stations: WIOZ-FM										
04	04/22/14	04/22/14	06:00 19:00	0	5	0	0	0	0	0	0	10.00	5	50.00
	Cart - 0717		Length - 30	Stations: WIOZ-FM										
											50	500.00		

**BILLING PROJECTIONS**

	Gross
Apr 14	260.00
May 14	240.00

Accepted for Station(s) \_\_\_\_\_

Accepted for Advertiser \_\_\_\_\_



# In-Kind Contributions

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Catherine Graham for Commissioner			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Nancy Hoy Fiorillo 185 Everette Rd Pinehurst, N.C. 28374 910-295-0534		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b> \$ 389.95
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Food & drinks - meet & greet Reception		05-01-2014	\$ 70.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Ralph Redmond 11 Abbottsford DR Pinehurst, N.C. 28374 910-295-7532		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b> \$ 20.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Food - meet & greet Reception		04-22-2014	\$ 20.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Lydia Borsch 35 McMichael DR Pinehurst, N.C. 28374 910-255-3062		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b> \$ 45.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Drinks - meet & greet Reception		04-22-2014	\$ 45.00
			\$
			\$
<b>4. Total only this Page</b>			\$ 135.00
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$

# In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Elizabeth R. Ffiter 120 LAKEY SIDING RD ROBBINS, N.C. 27325 910-464-3945		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 16.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food - meet & greet Reception		04-22-2014	\$ 16.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 16.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 151.00	