

Disclosure Report Cover

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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		MAR 05 2015	
a. Full Name		c. ID Number	
Committee to Elect Armstrong for Bd or ED		MOORE BOE	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
276 Oldham Rd West End, NC 27376			
		e. Phone Number	
		910-783-8750	

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	10-19-2014	12-31-2014	Daniel Paul Armstrong

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 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 checked="" type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<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 checked="" 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 checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Citizens Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
campaign funds	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 196.79		\$

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.

Daniel P. Armstrong Printed Name of Signer [Signature] Signature of Appointed Treasurer 2/25/15 Date

FOR OFFICE USE ONLY

Date Received: 3/5/15 Employee: [Signature] **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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.

Yes No

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Armstrong		4 th quarter			
Start of Election Cycle:		January 1, 2014		Total this Reporting Period	
4) Cash on Hand at Start		\$ 196.79		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$	
6) Contributions from Individuals		(CRO-1210)		\$ 2072.00	
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)		\$	
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)		\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2072.00		\$ 2072.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 113.79	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 1,807.16	
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)		\$ 83.00	
17) In-Kind Contributions		(CRO-1510)		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 196.79		\$ 1890.16	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2		\$ 2	
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-2200)		\$	
28) Contributions to be Refunded		(CRO-1215)		\$	

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) Committee to Elect Daniel P Armstrong for Bd of Ed					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) First Citizens Bank P.O. Box 27131 Raleigh, NC 27611			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" 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
1	withdrawal	O*	10-31-2014	\$ 3.00	Paper Statement Fee
1	withdrawal	O*	11-28-2014	\$ 3.00	Paper Statement Fee
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) First Citizens Bank corp P.O. Box 27131 Raleigh, NC 27611			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" 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
1	withdrawal	O*	12-31-2014	\$ 3.00	Paper Statement Fee
1	withdrawal	O*	11-28-2014	\$ 5.00	ATM Fee
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook Advertising www.fb.me/ads Ca			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 79.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	A*	11-03-2014	\$ 37.44	facebook ad
					\$
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 (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* 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) <u>Committee to Elect Armstrong for Bd of Ed</u>					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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>Staples</u> <u>Aberdeen, NC</u>		c. Level Registered (Specify)		e. Election Sum to Date \$ <u>12.35</u>	
		<input type="checkbox"/> Federal <input checked="" 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
<u>1</u>	<u>debit</u>	<u>K*</u>	<u>11/17/2014</u>	<u>\$ 12.35</u>	<u>printer ink</u>
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					
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 (List detailed expenditure code in (h.) above)					
A* - Media B* - Printing C* - Fundraising E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expenses O* - Other		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee to Elect Armstrong for Bd of Ed				
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Daniel Armstrong 276 Oldham Road West End, NC 27376 910-783-8750		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code P*		i. Original Receipt Amount		j. Election Sum to Date
				\$ 83.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Exec. Director	NC Funeral Directors Association	closed account		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
cash	balance in checking account when account was closed	11-24-2011	\$ 83.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code		i. Original Receipt Amount		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code		i. Original Receipt Amount		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code		i. Original Receipt Amount		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 83.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 83.00
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)				