

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 MARKHAM FOR CLERK	c. ID Number M
b. Mailing Address (include City, State and Zip Code) 435 N. BENNETT STREET SOUTHERN PINES, NC 28387	d. Date Filed 04/27/2014
	e. Phone Number (910) 215-3681

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 01/01/2014	4. Period End Date (mm/dd/yy) 04/19/2014	5. Treasurer Full Name REBECCA KEITH TALBERT
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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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report 1		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name	
b. Purpose ORGANIZATION-CAMPAIGN	c. Account Code M	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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

Rebecca K Talbert Rebecca K Talbert 04/27/2014
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 4/28/14 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	
MARKHAM FOR CLERK	2014 First Quarter	M	
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 340.00	\$ 340.00
6) Contributions from Individuals (CRO-1210)		\$ 19,666.70	\$ 19,666.70
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 20,006.70	\$ 20,006.70
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 3,692.34	\$ 3,692.34
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 48.04	\$ 48.04
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 1,938.62	\$ 1,938.62
17) In-Kind Contributions (CRO-1510)		\$ 11,341.70	\$ 11,341.70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 17,020.70	\$ 17,020.70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,986.00	\$ 2,986.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
MARKHAM FOR CLERK					M	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		04/10/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		03/01/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		03/09/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		04/07/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		03/01/2014	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Cash		04/01/2014	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		03/12/2014	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		03/18/2014	\$	25.00
4. Total only this Page					\$	\$340.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$340.00

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
MARKHAM FOR CLERK						M
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	
WILLIAM BELVIN 1180 GOLDEN EAGLE DRIVE CHINA GROVE, NC 28023			POLICE CHIEF			
			c. Employer's Name/Specific Field			
			CUMBERLAND COUNTY ABC		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		04/02/2014	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
AMANDA BLUE 24 ROYAL COUNTY DOWN PINEHURST, NC 28374			PARALEGAL			
			c. Employer's Name/Specific Field			
			ARTHUR M BLUE LAW OFFICE		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/01/2014	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
ARTHUR BLUE 24 ROYAL COUNTY DOWN PINEHURST, NC 28374						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	FOOD & BEVERAGE FOR MEET & GREET	03/01/2014	\$ 1,938.62	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,938.62	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

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
MARKHAM FOR CLERK						M
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	
OTIS & NANCY BOROUGHS 1608 MARTIN ROAD JACKSON SPRINGS, NC 27281			RETIREED			
			c. Employer's Name/Specific Field			
					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"/>	M	Check		03/10/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
LARRY CADDELL PO BOX 877 CARTHAGE, NC 28327			SOUTHERN SOFTWARE			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/01/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JOHN CAVINESS 37 SANDPIPER DRIVE WHISPERING PINES, NC 28327			RETIRED			
			c. Employer's Name/Specific Field			
					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"/>	M	Check		03/25/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) MARKHAM FOR CLERK	2. ID Number M
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) RODNEY & TABITHA DOZIER 32 SABBATIA DRIVE WHISPERING PINES, NC 28327	b. Job Title/Profession LAW ENFORCEMENT & LEGAL	d. Comments
	c. Employer's Name/Specific Field WHISPERING PINES POLICE DEPT & FIRST BANK	
		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"/>	M	Check		02/27/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) OSCAR ELDRIDGE PO BOX 273 CARTHAGE, NC 28327	b. Job Title/Profession RETIRED MAGISTRATE	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	M	Check		03/01/2014	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) LOU ANN GODWIN 1047 QUEWHIFFLE ROAD ABERDEEN, NC 28315	b. Job Title/Profession BUSINESS OWNER	d. Comments
	c. Employer's Name/Specific Field GODWIN'S ARCHERY	
		e. Election Sum to Date \$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	M	Check		03/01/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 850.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 19,666.70
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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
MARKHAM FOR CLERK	M

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	
ANTHONY & PATRICIA HALLMAN 1112 MCNEIL STREET CARTHAGE, NC 28327		PAINTER/OPHTHALMIC ASST			
		c. Employer's Name/Specific Field FIRSTHEALTH/CAROLINA EYE			
				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"/>	M	Check		04/12/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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	
JAMES HILL PO BOX 1291 CARTHAGE, NC 28327		DEPUTY			
		c. Employer's Name/Specific Field MOORE COUNTY SHERIFF'S DEPARTMENT			
				e. Election Sum to Date	
				\$ 690.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	M	Check		03/01/2014	\$ 500.00
<input type="checkbox"/>	M	In-Kind	FUEL	04/17/2014	\$ 190.00
<input type="checkbox"/>					\$

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	
JIM HORNE 2480 LOBELIA ROAD VASS, NC 28394		REAL ESTATE			
		c. Employer's Name/Specific Field LAKE RESORT PROPERTIES			
				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"/>	M	Check		04/03/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 890.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 19,666.70
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Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
MARKHAM FOR CLERK						M	
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	
JEAN C JONES 135 SAFFORD DRIVE PINEHURST, NC 28374				RETIRED			
				c. Employer's Name/Specific Field			
				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"/>	M	Check		04/14/2014	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
DONALD KERBER #3 COUNTRY CLUB BLVD WHISPERING PINES, NC 28327				RETIRED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
				\$		75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	M	Check		03/24/2014	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
JAMES MABE 7696 NC HWY 22 CARTHAGE, NC 28327				RETIRED			
				c. Employer's Name/Specific Field			
				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"/>	M	Check		03/05/2014	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 275.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 19,666.70	

Contributions from Individuals

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) **MARKHAM FOR CLERK** 2. ID Number **M**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 DOYLE MARKHAM
 PO BOX 1381
 435 N. BENNETT STREET
 SOUTHERN PINES, NC 28388

b. Job Title/Profession
 ACCOUNTANT

c. Employer's Name/Specific Field
 THE MARKHAM GROUP

d. Comments

e. Election Sum to Date
 \$ 8,430.12

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	M	Check		01/31/2014	\$ 500.00
<input type="checkbox"/>	M	In-Kind	DEPOSIT STAMPS	02/09/2014	\$ 44.17
<input type="checkbox"/>	M	In-Kind	DOMAIN NAME	02/10/2014	\$ 12.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 DOYLE MARKHAM
 PO BOX 1381
 435 N. BENNETT STREET
 SOUTHERN PINES, NC 28388

b. Job Title/Profession
 ACCOUNTANT

c. Employer's Name/Specific Field
 THE MARKHAM GROUP

d. Comments

e. Election Sum to Date
 \$ 8,430.12

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	M	In-Kind	DOMAIN NAME	02/10/2014	\$ 12.00
<input type="checkbox"/>	M	In-Kind	CANDIDATE FEE	02/10/2014	\$ 834.00
<input type="checkbox"/>	M	In-Kind	FUEL	02/19/2014	\$ 40.03

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 DOYLE MARKHAM
 PO BOX 1381
 435 N. BENNETT STREET
 SOUTHERN PINES, NC 28388

b. Job Title/Profession
 ACCOUNTANT

c. Employer's Name/Specific Field
 THE MARKHAM GROUP

d. Comments

e. Election Sum to Date
 \$ 8,430.12

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	M	In-Kind	WEBSITE PACKAGE	02/21/2014	\$ 599.00
<input type="checkbox"/>	M	In-Kind	BROCHURES	02/21/2014	\$ 1,101.66
<input type="checkbox"/>	M	In-Kind	CAMPAIGN BUTTONS	03/05/2014	\$ 65.53

4. Total only this Page \$ 3,208.39

5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 19,666.70

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
MARKHAM FOR CLERK						M
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	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			THE MARKHAM GROUP		e. Election Sum to Date	
					\$ 8,430.12	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	VOTER REGISTER LIST BOE	03/19/2014	\$ 4.53	
<input type="checkbox"/>	M	In-Kind	FUEL	03/19/2014	\$ 82.86	
<input type="checkbox"/>	M	In-Kind	POSTAGE	04/01/2014	\$ 294.00	
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	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			THE MARKHAM GROUP		e. Election Sum to Date	
					\$ 8,430.12	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	POSTAGE	04/01/2014	\$ 490.00	
<input type="checkbox"/>	M	In-Kind	CAMPAIGN BUTTONS	04/02/2014	\$ 210.26	
<input type="checkbox"/>	M	In-Kind	POSTAGE	04/11/2014	\$ 98.00	
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	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			THE MARKHAM GROUP		e. Election Sum to Date	
					\$ 8,430.12	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	SIGNS & STANDS	04/11/2014	\$ 753.32	
<input type="checkbox"/>	M	In-Kind	BROCHURES	04/14/2014	\$ 1,101.66	
<input type="checkbox"/>	M	In-Kind	SIGNS	04/15/2014	\$ 1,487.81	
4. Total only this Page					\$ 4,522.44	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

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
MARKHAM FOR CLERK						M
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	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			THE MARKHAM GROUP		e. Election Sum to Date	
					\$ 8,430.12	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	POSTS & FLOOD LIGHTS	04/16/2014	\$ 101.52	
<input type="checkbox"/>	M	In-Kind	POSTAGE	04/16/2014	\$ 490.00	
<input type="checkbox"/>	M	In-Kind	CABLE TIES	04/17/2014	\$ 27.92	
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	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			THE MARKHAM GROUP		e. Election Sum to Date	
					\$ 8,430.12	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	FUEL	04/17/2014	\$ 79.85	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394			RN			
			c. Employer's Name/Specific Field			
			SANDHILLS DERMATOLOGY		e. Election Sum to Date	
					\$ 1,740.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		01/31/2014	\$ 500.00	
<input type="checkbox"/>	M	In-Kind	STATIONARY	02/15/2014	\$ 25.54	
<input type="checkbox"/>	M	In-Kind	DECORATIONS FOR MEET & GREET	02/25/2014	\$ 110.56	
4. Total only this Page					\$ 1,335.39	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

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	
MARKHAM FOR CLERK						M	
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	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394				RN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SANDHILLS DERMATOLOGY		\$ 1,740.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	M	In-Kind	BANNERS	02/27/2014	\$ 306.08		
<input type="checkbox"/>	M	In-Kind	NAMETAGS FOR MEET & GREET	02/28/2014	\$ 18.54		
<input type="checkbox"/>	M	In-Kind	DECORATIONS FOR MEET & GREET	02/28/2014	\$ 107.37		
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	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394				RN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SANDHILLS DERMATOLOGY		\$ 1,740.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	M	In-Kind	CAKE FOR MEET & GREET	03/01/2014	\$ 110.00		
<input type="checkbox"/>	M	In-Kind	MAIL SEALS	03/08/2014	\$ 44.79		
<input type="checkbox"/>	M	In-Kind	CANNON PARK RENTAL FOR MEET & GREET	03/13/2014	\$ 50.00		
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	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394				RN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SANDHILLS DERMATOLOGY		\$ 1,740.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	M	In-Kind	MAILING LABELS	03/23/2014	\$ 41.09		
<input type="checkbox"/>	M	In-Kind	POSTAGE	04/07/2014	\$ 196.00		
<input type="checkbox"/>	M	In-Kind	POSTAGE	04/08/2014	\$ 196.00		
4. Total only this Page						\$ 1,069.87	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 19,666.70	

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
MARKHAM FOR CLERK						M
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	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394			RN			
			c. Employer's Name/Specific Field			
			SANDHILLS DERMATOLOGY		e. Election Sum to Date	
					\$ 1,740.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	INVITATIONS	04/10/2014	\$ 11.95	
<input type="checkbox"/>	M	In-Kind	MAIL SEALS	04/16/2014	\$ 23.04	
<input type="checkbox"/>					\$	
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	
DOUG & MELISSA MCKENZIE 164 GREEN HAVEN LANE CARTHAGE, NC 28327			SELF/ADMIN ASST			
			c. Employer's Name/Specific Field			
			DOUG MCKENZIE CONSTRUCTION/THE MARKHAM GROUP		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"/>	M	Check		03/05/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
WILLIAM MUNROE 3 RYE PLACE WHISPERING PINES, NC 28327			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/17/2014	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 334.99	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

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
MARKHAM FOR CLERK						M
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	
STACY OLIVER PO BOX 22 ABERDEEN, NC 28315			BRANCH MANAGER			
			c. Employer's Name/Specific Field			
			SPRINGLEAF FINANCIAL SERVICES		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/01/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JAMES PAGE 400 MADISON CREEK LANE CARTHAGE, NC 28327			PAINTER			
			c. Employer's Name/Specific Field			
			PAGES PAINTING		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"/>	M	Cash		03/01/2014	\$ 40.00	
<input type="checkbox"/>	M	Cash		03/04/2014	\$ 40.00	
<input type="checkbox"/>	M	Cash		03/18/2014	\$ 20.00	
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	
SUSANNE PETREA PO BOX 219 LAKEVIEW, NC 28350			HOUSEWIFE			
			c. Employer's Name/Specific Field			
					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"/>	M	Check		03/29/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

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					
MARKHAM FOR CLERK						M					
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					
TIM QUINN 268 STRICKLAND HINTON ROAD ZEBULON, NC 27597				OPERATIONS MANAGER		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">300.00</td> </tr> </table>		e. Election Sum to Date		\$	300.00
				e. Election Sum to Date							
				\$	300.00						
c. Employer's Name/Specific Field											
BROWE CONSTRUCTION											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount						
<input type="checkbox"/>	M	Check		03/01/2014	\$	300.00					
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
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					
KAREN ROBBINS 193 LAKEVIEW DRIVE WHISPERING PINES, NC 28327				HOMEMAKER		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">250.00</td> </tr> </table>		e. Election Sum to Date		\$	250.00
				e. Election Sum to Date							
				\$	250.00						
c. Employer's Name/Specific Field											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount						
<input type="checkbox"/>	M	Check		03/01/2014	\$	250.00					
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
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					
BRIAN SHOAF 610 DUKEVILLE ROAD SALISBURY, NC 28146				LOCOMOTIVE ENGINEER		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">100.00</td> </tr> </table>		e. Election Sum to Date		\$	100.00
				e. Election Sum to Date							
				\$	100.00						
c. Employer's Name/Specific Field											
NORFOLK SOUTHERN RAILROAD											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount						
<input type="checkbox"/>	M	Check		03/29/2014	\$	100.00					
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
4. Total only this Page						\$ 650.00					
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 19,666.70					

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
MARKHAM FOR CLERK					M	
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	
GLEN & LORI SHORT PO BOX 35 LAKEVIEW, NC 28350			TECHNICIAN/OFFICE MANAGER			
			c. Employer's Name/Specific Field GE/THE MARKHAM GROUP			
					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"/>	M	Check		03/10/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JAMES SMITH 896 RED BRANCH ROAD CARTHAGE, NC 28327			RETIRED LEO			
			c. Employer's Name/Specific Field			
					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"/>	M	Check		03/06/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
CRAIG STOKES 281 CAUSEY ROAD VASS, NC 28394			FINANCIAL ADVISOR			
			c. Employer's Name/Specific Field EDWARD JONES			
					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"/>	M	Check		04/15/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 19,666.70	

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
MARKHAM FOR CLERK						M
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	
DIANE C SUBIN 40 AVIEMORE DRIVE PINEHURST, NC 28374			PHYSICIAN			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/04/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
GLEN D SUBIN 40 AVIEMORE DRIVE PINEHURST, NC 28374			PHYSICIAN			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/04/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
STEPHEN TALBERT 295 TYSON LANE CARTHAGE, NC 28327			BAIL BONDSMAN			
			c. Employer's Name/Specific Field			
			ACTION BAIL BONDS		e. Election Sum to Date	
					\$ 542.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		03/01/2014	\$ 500.00	
<input type="checkbox"/>	M	In-Kind	FUEL	04/19/2014	\$ 42.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,042.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70	

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	
MARKHAM FOR CLERK				M	
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
RICKY WHITAKER 645 FARMLIFE SCHOOL ROAD CARTHAGE, NC 28327			DEPUTY		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			MOORE COUNTY SHERIFF'S OFFICE		
					\$ 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"/>	M	Check		04/14/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 19,666.70

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)						2. ID Number
MARKHAM FOR CLERK						M
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
SIGN HERE 1340 NIAGARA CARTHAGE ROAD CARTHAGE, NC 28327						
			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	
					\$ 2,247.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	B	03/03/2014	\$ 305.79	SIGNS	
M	Check	B	03/10/2014	\$ 820.16	SIGNS	
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	
SIGN HERE 1340 NIAGARA CARTHAGE ROAD CARTHAGE, NC 28327						
			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	
					\$ 2,247.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	B	03/26/2014	\$ 379.12	SIGNS	
M	Check	B	04/07/2014	\$ 427.00	SIGNS	
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	
SIGN HERE 1340 NIAGARA CARTHAGE ROAD CARTHAGE, NC 28327						
			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	
					\$ 2,247.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	B	04/08/2014	\$ 315.91	SIGNS	
				\$		
5. Total only this Page						\$ 2,247.98
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)						\$ 3,692.34
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

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
MARKHAM FOR CLERK						M
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MCKENZIE PHOTOGRAPHY PO BOX 152 SOUTHERN PINES, NC 28388						
			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:		\$ 80.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	O	03/22/2014	\$ 80.06	PORTRAIT	
				\$		
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	
WHISTLE STOP PRESS 175 DAVIS ROAD SOUTHERN PINES, NC 28387						
			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:		\$ 938.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	B	03/19/2014	\$ 890.30	BROCHURES	
				\$		
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	
ABERDEEN TIMES PO BOX 546 ABERDDEN, NC 28315						
			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:		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	A	03/18/2014	\$ 250.00	ADVERTISING	
				\$		
5. Total only this Page					\$ 1,220.36	
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)					\$ 3,692.34	
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	
MARKHAM FOR CLERK				M	
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
SEVEN LAKES TIMES PO BOX 468 4307 SEVEN LAKES PLAZA SEVEN LAKES, NC 27376			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:		
					\$ 224.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
M	Check	A	03/17/2014	\$ 224.00	ADVERTISING
				\$	
5. Total only this Page					\$ 224.00
6. Total of ALL CRO-1310 Pages					\$ 3,692.34
<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)					

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
MARKHAM FOR CLERK						M	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add	M	Check	B	04/02/2014	\$ 48.04	BUSINESS CARDS	
<input type="checkbox"/> Remove							
4. Total only this Page						\$	48.04
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						\$	48.04
6. Purpose Codes (List detailed expenditure code(s) in (e) above.)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F - Equipment		H* - Holding Public Office Expenses			
I - Postage		J - Penalties		K* - Office Expenses			
O* - Other				Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)							

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
MARKHAM FOR CLERK			M	
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		g. Comments
ARTHUR BLUE 24 ROYAL COUNTY DOWN PINEHURST, NC 28374		<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:		h. Original Receipt Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/01/2014
				i. Original Receipt Amount
				\$ 1,938.62
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
		LP		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
M	Check	FOOD & BEVERAGE FOR MEET & GREET	04/08/2014	\$ 1,938.62
4. Total only this Page				\$ 1,938.62
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 1,938.62
6. Purpose Codes (list detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other				
* Codes require detailed explanation in required remarks field (m)				

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	
MARKHAM FOR CLERK		M	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ARTHUR BLUE 24 ROYAL COUNTY DOWN PINEHURST, NC 28374		<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	
		\$	0.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE FOR MEET & GREET		03/01/2014	\$ 1,938.62
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JAMES HILL PO BOX 1291 CARTHAGE, NC 28327		<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	
		\$	690.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FUEL		04/17/2014	\$ 190.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		\$	8,430.12
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DEPOSIT STAMPS		02/09/2014	\$ 44.17
DOMAIN NAME		02/10/2014	\$ 12.00
DOMAIN NAME		02/10/2014	\$ 12.00
4. Total only this Page			\$ 2,196.79
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 11,341.70

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
MARKHAM FOR CLERK		M	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 8,430.12	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CANDIDATE FEE		02/10/2014	\$ 834.00
FUEL		02/19/2014	\$ 40.03
WEBSITE PACKAGE		02/21/2014	\$ 599.00
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 8,430.12	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BROCHURES		02/21/2014	\$ 1,101.66
CAMPAIGN BUTTONS		03/05/2014	\$ 65.53
VOTER REGISTER LIST BOE		03/19/2014	\$ 4.53
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 8,430.12	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FUEL		03/19/2014	\$ 82.86
POSTAGE		04/01/2014	\$ 294.00
POSTAGE		04/01/2014	\$ 490.00
4. Total only this Page		\$ 3,511.61	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 11,341.70	

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
MARKHAM FOR CLERK		M	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 8,430.12	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN BUTTONS		04/02/2014	\$ 210.26
POSTAGE		04/11/2014	\$ 98.00
SIGNS & STANDS		04/11/2014	\$ 753.32
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 8,430.12	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BROCHURES		04/14/2014	\$ 1,101.66
SIGNS		04/15/2014	\$ 1,487.81
POSTS & FLOOD LIGHTS		04/16/2014	\$ 101.52
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOYLE MARKHAM PO BOX 1381 435 N. BENNETT STREET SOUTHERN PINES, NC 28388		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 8,430.12	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		04/16/2014	\$ 490.00
CABLE TIES		04/17/2014	\$ 27.92
FUEL		04/17/2014	\$ 79.85
4. Total only this Page		\$ 4,350.34	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 11,341.70	

In-Kind Contributions

Amendment
 Yes No

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	
MARKHAM FOR CLERK		M	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394		<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	
		\$ 1,740.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
STATIONARY		02/15/2014	\$ 25.54
DECORATIONS FOR MEET & GREET		02/25/2014	\$ 110.56
BANNERS		02/27/2014	\$ 306.08
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394		<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	
		\$ 1,740.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
NAMETAGS FOR MEET & GREET		02/28/2014	\$ 18.54
DECORATIONS FOR MEET & GREET		02/28/2014	\$ 107.37
CAKE FOR MEET & GREET		03/01/2014	\$ 110.00
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394		<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	
		\$ 1,740.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MAIL SEALS		03/08/2014	\$ 44.79
CANNON PARK RENTAL FOR MEET & GREET		03/13/2014	\$ 50.00
MAILING LABELS		03/23/2014	\$ 41.09
4. Total only this Page			\$ 813.97
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 11,341.70

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	
MARKHAM FOR CLERK		M	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,740.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		04/07/2014	\$ 196.00
POSTAGE		04/08/2014	\$ 196.00
INVITATIONS		04/10/2014	\$ 11.95
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
LINDA MARKHAM PO BOX 160 205 MARKHAM LANE VASS, NC 28394		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,740.96	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MAIL SEALS		04/16/2014	\$ 23.04
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
STEPHEN TALBERT 295 TYSON LANE CARTHAGE, NC 28327		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 542.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FUEL		04/19/2014	\$ 42.00
			\$
			\$
4. Total only this Page			\$ 468.99
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 11,341.70