

# 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.

<b>1. Committee Information</b>	
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 07/07/2014
	e. Phone Number

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 04/20/2014	4. Period End Date (mm/dd/yy) 06/30/2014	5. Treasurer Full Name REBECCA KEITH TALBERT
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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 checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<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> 1		<b>10. Special Report Name</b>		

<b>2. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code M	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3286.00		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                      07/07/2014  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: 7-8-14                      Employee: CMC

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

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 Second 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		\$ 3,286.00	\$ 1,000.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 138.35	\$ 578.35
6) Contributions from Individuals	(CRO-1210)	\$ 5,416.01	\$ 24,330.75
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)		\$ 5,554.36	\$ 24,909.10
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,365.14	\$ 6,057.48
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)	\$ 0.00	\$ 48.04
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 1,938.62
17) In-Kind Contributions	(CRO-1510)	\$ 3,589.36	\$ 14,979.10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,954.50	\$ 23,023.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,885.86	\$ 2,885.86
<b>ADDITIONAL INFORMATION</b>			
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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MARKHAM FOR CLERK						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		04/26/2014	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	In-Kind	ICE FOR CANON PARK FUNDRAISER	04/26/2014	\$ 23.35	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Cash		04/24/2014	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Cash		04/30/2014	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		04/24/2014	\$ 25.00	
<b>4. Total only this Page</b>					\$ 138.35	
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 138.35	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MARKHAM FOR CLERK						
<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. Job Title/Profession</b>		<b>d. Comments</b>	
BRENDA BLUE 525 MAIN STREET VASS, NC 28394			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			FARMER		<b>e. Election Sum to Date</b>	
					\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	Check		04/21/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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. Job Title/Profession</b>		<b>d. Comments</b>	
KASSANDRA CADDELL 1500 CRANES CREEK ROAD CAMERON, NC 28326			TEACHER			
			<b>c. Employer's Name/Specific Field</b>			
			MOORE COUNTY SCHOOLS		<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	Check		04/25/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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. Job Title/Profession</b>		<b>d. Comments</b>	
HAYDEE COPPOLA 32 ROYAL COUNTY DOWN PINEHURST, NC 28374			HOMEMAKER			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	Check		05/06/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,416.01	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MARKHAM FOR CLERK					
<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. Job Title/Profession</b>		<b>d. Comments</b>
PORTIA CUMMINGS 710 MORRISON BRIDGE ROAD VASS, NC 28394			RETIRED BANKER		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		BB&T		\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	M	Check		04/26/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<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. Job Title/Profession</b>		<b>d. Comments</b>
DAWN LEE 55 LEVIN LINKS LANE PINEHURST, NC 28374			HOMEMAKER		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	M	Check		04/22/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<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. Job Title/Profession</b>		<b>d. Comments</b>
WILLIAM MANESS PO BOX 513 SOUTHERN PINES, NC 28388			FINANCE MANAGER		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		SOUTHERN LOAN CORP		\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	M	Check		04/24/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 700.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,416.01

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
MARKHAM FOR CLERK						
<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. Job Title/Profession</b>		<b>d. Comments</b>
DOYLE MARKHAM PO BOX 1381 435 N BENNETT STREET SOUTHERN PINES, NC 28388				ACCOUNTANT		
				<b>c. Employer's Name/Specific Field</b>		
				THE MARKHAM GROUP		
				<b>e. Election Sum to Date</b>		
				\$ 11,753.64		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	In-Kind	POSTAGE: 12 ROLLS OF STAMPS	04/21/2014	\$ 588.00	
<input type="checkbox"/>	M	In-Kind	TOTAL IMAGE: CORRUGATED SIGNS	04/21/2014	\$ 2,232.30	
<input type="checkbox"/>	M	In-Kind	FUN FACTOR CASTLE COMBO & MICKEY	04/23/2014	\$ 385.00	
<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. Job Title/Profession</b>		<b>d. Comments</b>
DOYLE MARKHAM PO BOX 1381 435 N BENNETT STREET SOUTHERN PINES, NC 28388				ACCOUNTANT		
				<b>c. Employer's Name/Specific Field</b>		
				THE MARKHAM GROUP		
				<b>e. Election Sum to Date</b>		
				\$ 11,753.64		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	In-Kind	FUEL	05/03/2014	\$ 70.18	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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. Job Title/Profession</b>		<b>d. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394				RN		
				<b>c. Employer's Name/Specific Field</b>		
				SANDHILLS DERMATOLOGY		
				<b>e. Election Sum to Date</b>		
				\$ 2,031.49		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	In-Kind	WALMART FOR CANON PARK FUNDRAISER	04/26/2014	\$ 290.53	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 3,566.01	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,416.01	

# Contributions from Individuals

Amendment

Pg 4 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MARKHAM FOR CLERK						
<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. Job Title/Profession</b>		<b>d. Comments</b>
ROBERT W MARKHAM 312 WOLFBRIDGE ROAD HOLLY SPRINGS, NC 27540				RETIRED		
				<b>c. Employer's Name/Specific Field</b>		
				COUNTY OF WAKE		
				<b>e. Election Sum to Date</b>		
				\$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input checked="" type="checkbox"/>	M	Check		03/01/2014		\$ 50.00
<input type="checkbox"/>	M	Check		05/07/2014		\$ 150.00
<input type="checkbox"/>						\$
<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. Job Title/Profession</b>		<b>d. Comments</b>
JERE MCKEITHEN JR PO BOX 68 ABERDEEN, NC 28315				RETIRED		
				<b>c. Employer's Name/Specific Field</b>		
				SELF EMPLOYED		
				<b>e. Election Sum to Date</b>		
				\$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	M	Check		04/22/2014		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<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. Job Title/Profession</b>		<b>d. Comments</b>
MELVIN NELSON 9 MASTERS RIDGE SOUTHERN PINES, NC 28387				INSURANCE		
				<b>c. Employer's Name/Specific Field</b>		
				THE MGN COMPANY		
				<b>e. Election Sum to Date</b>		
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	M	Check		04/28/2014		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,416.01	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MARKHAM FOR CLERK						
<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. Job Title/Profession</b>		<b>d. Comments</b>	
CAROL RAY 35 LEVIN LINKS LANE PINEHURST, NC 28374			EDUCATOR			
			<b>c. Employer's Name/Specific Field</b>			
			MOORE COUNTY SCHOOLS			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	Check		04/22/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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. Job Title/Profession</b>		<b>d. Comments</b>	
VIRGINIA SAUNDERS 1224 GURNEY ROAD EAGLE SPRINGS, NC 27242			HAIR DRESSER			
			<b>c. Employer's Name/Specific Field</b>			
			SELF			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	M	Check		04/27/2014	\$ 50.00	
<input type="checkbox"/>	M	Check		05/05/2014	\$ 50.00	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 200.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,416.01	



# 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>
MARKHAM FOR CLERK						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<input checked="" 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>	
ABERDEEN COCA-COLA PO BOX 518 ABERDEEN, NC 28315						
			<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:			
					\$ 144.00	
<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>	
M	Check	C	04/25/2014	\$ 144.00	FUNDRAISING	
				\$	BEVERAGE FOR 4/26/14	
<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>	
STAR 102.5 FM-WIOZ 200 SHORT ROAD SOUTHERN PINES, NC 28387						
			<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:			
					\$ 570.00	
<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>	
M	Check	A	05/25/2014	\$ 570.00	30 SECONDS 6AM-10AM	
				\$	AND 3PM-7PM ON 5/1, 5/2,	
<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>	
AGENCY ONE INSURANCE 160-K PINEHURST AVE SOUTHERN PINES, NC 28387						
			<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:			
					\$ 315.00	
<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>	
M	Check	C	04/24/2014	\$ 315.00	INSURANCE FOR CANON	
				\$	PARK EVENT 4/26/14	
<b>5. Total only this Page</b>						\$ 1,029.00
<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)						\$ 2,365.14
<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)						

# 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>
MARKHAM FOR CLERK						
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments
WLHC FM LIFE 103.1 102 S STEELE ST, STE 301 SANFORD, NC 27330						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 615.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	A	05/02/2014	\$ 615.00	5/5-5/6 30 SECOND (45 SPOTS)	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments
THE PILOT 145 W PENNSYLVANIA AVENUE SOUTHERN PINES, NC 28387						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 520.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	A	04/23/2014	\$ 125.00	ON LINE AD 4/23-5/7	
M	Check	A	05/01/2014	\$ 395.00	3 COLUMNS X 10.5 INCHES AD 5/4	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments
THE VILLAGE PRINTERS PO BOX 2139 PINEHURST, NC 28374						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 176.14
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	A	05/12/2014	\$ 176.14	CAMPAIGN MATERIALS FOR ABERDEEN TIMES,	
				\$		
<b>5. Total only this Page</b>						\$ 1,311.14
<b>6. Total of ALL CRO-1310 Pages</b> <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>						\$ 2,365.14
<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)						

# 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>	
MARKHAM FOR CLERK					
<b>3. Type of Disbursement</b> <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					
<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>
SEVEN LAKES TIMES PO BOX 468 4397 SEVEN LAKES PLAZA SEVEN LAKES, NC 27376					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 249.00
<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>
M	Check	A	05/01/2014	\$ 25.00	BANNER AD IN 3 EMAILS
				\$	600 PIXELS X 324 PIXELS
<b>5. Total only this Page</b>					\$ 25.00
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 2,365.14
<b>7. Purpose Codes</b> (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)					

# 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>	
MARKHAM FOR CLERK			
<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>
Aggregated Individual Contribution		<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>
			\$ 23.35
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
ICE FOR CANON PARK FUNDRAISER 4/26/2014		04/26/2014	\$ 23.35
			\$
			\$
<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>
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	
			<b>d. Election Sum to Date</b>
			\$ 11,753.64
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
POSTAGE: 12 ROLLS OF STAMPS		04/21/2014	\$ 588.00
TOTAL IMAGE: CORRUGATED SIGNS		04/21/2014	\$ 2,232.30
FUN FACTOR CASTLE COMBO & MICKEY BOUNCE HOUSE FOR 4/26 FUNDRAISER		04/23/2014	\$ 385.00
<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>
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	
			<b>d. Election Sum to Date</b>
			\$ 11,753.64
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FUEL		05/03/2014	\$ 70.18
			\$
			\$
<b>4. Total only this Page</b>			\$ 3,298.83
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 3,589.36

# 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>	
MARKHAM FOR CLERK			
<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>
LINDA MARKHAM PO BOX 160 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	
			<b>d. Election Sum to Date</b>
		\$	2,031.49
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
WALMART FOR CANON PARK FUNDRAISER		04/26/2014	\$ 290.53
			\$
			\$
<b>4. Total only this Page</b>		\$	290.53
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	3,589.36