

# 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>		<b>c. ID Number</b>	
<b>a. Full Name</b> COMMITTEE TO KEEP SUSAN HICKS CLERK		MOO-A4W235-C-001	
<b>b. Mailing Address (include City, State and Zip Code)</b> C/O CAROL WHEELDON, TREASURER 50 LAKE FOREST DR SW PINEHURST, NC 28374-0096		<b>d. Date Filed</b> 04/23/2014	
		<b>e. Phone Number</b>	
<b>2. Report Year</b> 2014	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2014	<b>4. Period End Date (mm/dd/yy)</b> 04/19/2014	<b>5. Treasurer Full Name</b> CAROL WHEELDON
<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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <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	
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>	
<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:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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	
<b>8. Number of Fundraisers this Report</b> 1		<b>10. Special Report Name</b>	
<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> WACHOVIA BANK		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAIGN CHECKING	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 8,044.22		<b>d. Period Begin Balance</b> \$
<b>CERTIFICATION</b>			
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			
<u>N CAROL WHEELDON</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer	
		<u>04/23/2014</u> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<u>4/23/14</u>	Employee:	<u>[Signature]</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> 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	
COMMITTEE TO KEEP SUSAN HICKS CLERK	2014 First Quarter	MOO-A4W235-C-001	
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8,044.22	\$ 1,080.14
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 665.00	\$ 4,517.58
6) Contributions from Individuals	(CRO-1210)	\$ 9,275.59	\$ 17,053.72
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)	\$ 6,000.00	\$ 8,000.00
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)		\$ 15,940.59	\$ 29,571.30
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 16,851.27	\$ 19,898.03
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 500.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 19.30	\$ 111.75
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 290.64	\$ 1,804.35
17) In-Kind Contributions	(CRO-1510)	\$ 340.59	\$ 1,854.30
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 17,501.80	\$ 24,168.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,483.01	\$ 6,483.01
<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)	\$ 9,000.00	
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** Page 1 of 1

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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK				MOO-A4W235-C-001	
<b>3. Contributor Information</b>					
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	1	Check		04/11/2014	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/07/2014	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/07/2014	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/09/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/27/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/09/2014	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/27/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/07/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		02/25/2014	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/02/2014	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/07/2014	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/07/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/16/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/02/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/16/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		02/25/2014	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/21/2014	\$ 50.00
<b>4. Total only this Page</b>				\$	\$665.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$665.00

# 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> COMMITTEE TO KEEP SUSAN HICKS CLERK	<b>2. ID Number</b> MOO-A4W235-C-001
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**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) QUENTIN J ALLEN JR 3629 QUENTIN DRIVE ASHEBORO, NC 27205	<b>b. Job Title/Profession</b> DAIRY FARMER	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>	
	<b>e. Election Sum to Date</b> \$ 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"/>	1	Check		04/07/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) C DWIGHT AYERS PO BOX 246 CEDAR FALLS, NC 27230	<b>b. Job Title/Profession</b> CHAPLAIN	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> RANDOLPH CO SHERIFF'S OFF	
	<b>e. Election Sum to Date</b> \$ 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"/>	1	Check		03/11/2014	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ANTHONY BADURINA 408 JAMES H RD CAMERON, NC 28326	<b>b. Job Title/Profession</b> NURSE	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> CENTRAL CAROLINA HOSPITAL	
	<b>e. Election Sum to Date</b> \$ 170.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		03/17/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 850.00

**5. Total of ALL CRO-1210 Pages** \$ 9,275.59  
(This line must be on line 6 of Detailed Summary Page CRO-1100)

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<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>
THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374				RETIRED		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				3M COMPANY		
						\$ 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 checked="" type="checkbox"/>	1	Check		12/17/2013	\$ 50.00	
<input type="checkbox"/>	1	Check		04/02/2014	\$ 50.00	
<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>
MARIANN D BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327				RETIRED		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				COURT REPORTER		
						\$ 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 checked="" type="checkbox"/>	1	Check		11/08/2013	\$ 50.00	
<input type="checkbox"/>	1	Check		03/11/2014	\$ 100.00	
<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>
LANE BERGSTROM 40 ROCKLAND LANE PINEHURST, NC 28374				RETIRED		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				DELTA AIRLINES		
						\$ 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"/>	1	Check		04/09/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,275.59	

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK				MOO-A4W235-C-001	
<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>
MYONGHUI CHO BIBY 528 POND BRANCH RD CARTHAGE, NC 28327			HOUSEWIFE		
			<b>c. Employer's Name/Specific Field</b>		<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"/>	1	Check		03/14/2014	\$ 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>
ED BLACK P O BOX 126 CARTHAGE, NC 28327			RETIRED		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			US POST OFFICE		
					\$ 500.00
<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"/>	1	Check		04/16/2014	\$ 500.00
<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>
LYDIA BOESCH 35 MCMICHAEL DR PINEHURST, NC 28374			ATTORNEY - SELF		
			<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"/>	1	Check		02/21/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 950.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,275.59

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001	
<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>	
ANGELA S BOLES 15 HARMON DR WHISPERING PINES, NC 28327				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"/>	1	Check		04/07/2014	\$ 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>	
VICTORIA P BRENNER 120 APPLECROSS ROAD PINEHURST, NC 28374				ATTORNEY			
				<b>c. Employer's Name/Specific Field</b>			
				LARKE, PHIFER VAUGHN, BRENNER & MCNEILL		<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 checked="" type="checkbox"/>	1	Check		10/16/2013	\$ 50.00		
<input type="checkbox"/>	1	Check		03/19/2014	\$ 50.00		
<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>	
JAMES W BREWER 8267 NC HWY 705 EAGLE SPRINGS, NC 27242				RETIRED PIPE FITTER			
				<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"/>	1	Check		01/13/2014	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 350.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,275.59	

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<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>	
TERRY F BRYANT 111 BRYANT RD CARTHAGE, NC 28327			FARMER			
			<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"/>	1	Check		03/14/2014	\$ 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>	
JOHN R CASHION 11 MCMICHAEL DRIVE PINEHURST, NC 28374			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			EXXON MOBIL		<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"/>	1	Check		04/02/2014	\$ 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>	
JAMES CLARKE 175 LAUREN LANE SOUTHERN PINES, NC 28387			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			CLARKE PHIFER FOYLES & MCNEILL		<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"/>	1	Check		04/02/2014	\$ 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>					\$ 9,275.59	

**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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<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 P COCHRANE JR 115 STEEPLECHASE WAY SOUTHERN PINES, NC 28387			RETIRE			
			<b>c. Employer's Name/Specific Field</b> COMMUNICATIONS			
					<b>e. Election Sum to Date</b>	
					\$ 469.95	
<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"/>	1	In-Kind	OBTAIN WEBSITE	03/12/2014	\$ 49.95	
<input type="checkbox"/>	1	Electric Funds Tran		03/12/2014	\$ 300.00	
<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>	
JERRY T COLE 348 CARLTON C RD WEST END, NC 27376			RETIRE			
			<b>c. Employer's Name/Specific Field</b> MOORE COUNTY SHERIFF'S DEPT			
					<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"/>	1	Check		03/17/2014	\$ 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>	
LEAH B COLLINS 114 S LAKESHORE DRIVE WHISPERING PINES, NC 28327			DEPUTY CLERK OF COURT			
			<b>c. Employer's Name/Specific Field</b> STATE OF NC			
					<b>e. Election Sum to Date</b>	
					\$ 75.00	
<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"/>	1	Check		11/04/2013	\$ 25.00	
<input type="checkbox"/>	1	Check		04/07/2014	\$ 50.00	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 499.95	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,275.59	

# 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> COMMITTEE TO KEEP SUSAN HICKS CLERK	<b>2. ID Number</b> MOO-A4W235-C-001
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<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)  NANCY COX 5087 JOEL JESSUP RD SEAGROVE, NC 27341	<b>b. Job Title/Profession</b> RETIRE	<b>c. Employer's Name/Specific Field</b> KAYSER-ROTH HOSIERY	<b>d. Comments</b>	<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"/>	1	Check		03/31/2014	\$ 50.00
<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)  MARY P ENROTH PO BOX 4646 PINEHURST, NC 28374	<b>b. Job Title/Profession</b> RETIRE	<b>c. Employer's Name/Specific Field</b> DIRECTOR, ALUMNI & DEVELOPMENT, PRIVATE SCHOOL	<b>d. Comments</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"/>	1	Check		03/19/2014	\$ 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)  SCOTT C ETHERIDGE 4305 NEW HOPE CHURCH RD ASHEBORO, NC 27205	<b>b. Job Title/Profession</b> DISTRICT COURT JUDGE	<b>c. Employer's Name/Specific Field</b> STATE OF NC	<b>d. Comments</b>	<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"/>	1	Check		04/07/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 300.00

**5. Total of ALL CRO-1210 Pages** \$ 9,275.59  
*(This line must be on line 6 of Detailed Summary Page CRO-1100)*

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001	
<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>	
ERNEST EVANS 1682 CRANES CREEK ROAD CAMERON, NC 28326				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				TOBACCO FARMER		<b>e. Election Sum to Date</b>	
						\$ 350.00	
<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"/>	1	Check		03/19/2014	\$ 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>	
KIMBERLY K FOOTE 521 WESTOVER HILLS DRIVE CARY, NC 27513				CORP CHEF			
				<b>c. Employer's Name/Specific Field</b>			
				LM RESTAURANTS INC		<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"/>	1	Check		04/07/2014	\$ 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>	
LINDA C FURR 205 FOX DEN RD TROY, NC 27371				ASST CLERK OF COURT			
				<b>c. Employer's Name/Specific Field</b>			
				MOORE COUNTY		<b>e. Election Sum to Date</b>	
						\$ 95.00	
<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"/>	1	Check		10/24/2013	\$ 45.00		
<input type="checkbox"/>	1	Check		04/07/2014	\$ 50.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 400.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,275.59	

# 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> COMMITTEE TO KEEP SUSAN HICKS CLERK	<b>2. ID Number</b> MOO-A4W235-C-001
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<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) GERALD L GALLOWAY 22 GOLDENROD DR WHISPERING PINES, NC 28727		<b>b. Job Title/Profession</b> CONSULTANT		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> SELF		<b>e. Election Sum to Date</b> \$ 350.00	
<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"/>	1	Check		03/31/2014	\$ 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) NEIL GODFREY 25 GOLDENROD DRIVE WHISPERING PINES, NC 28327		<b>b. Job Title/Profession</b> LAW ENFORCEMENT		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> MOORE COUNTY		<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"/>	1	Check		03/25/2014	\$ 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) ROY H HARVEL 470 CRESTVIEW RD BOX 1052 SOUTHERN PINES, NC 28788		<b>b. Job Title/Profession</b> REALTOR		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> SELF, SOUTHERN PINES, NC		<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"/>	1	Check		03/21/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 450.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 9,275.59
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### 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001	
<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>	
ROGER V HICKS 433 JAMES H RD CAMERON, NC 28326				RETIRE			
				<b>c. Employer's Name/Specific Field</b>			
				ASHEBORO FIRE DEPT			
				<b>e. Election Sum to Date</b>			
				\$		300.00	
<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"/>	1	Check		04/11/2014		\$ 300.00	
<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>	
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326				CLERK OF SUPERIOR COURT			
				<b>c. Employer's Name/Specific Field</b>			
				MOORE COUNTY, NC			
				<b>e. Election Sum to Date</b>			
				\$		8,000.00	
<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"/>	1	In-Kind	VOTER LIST FROM BOE	02/28/2014		\$ 20.00	
<input type="checkbox"/>	1	In-Kind	WOOD FOR SIGNS	04/04/2014		\$ 127.56	
<input type="checkbox"/>	1	In-Kind	WOOD FOR SIGNS	04/09/2014		\$ 36.89	
<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>	
RALPH JACOBSON 720 DONALD ROSS DRIVE PINEHURST, NC 28374				ATTORNEY - VOLUNTEER			
				<b>c. Employer's Name/Specific Field</b>			
				<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 checked="" type="checkbox"/>	1	Check		10/25/2013		\$ 25.00	
<input checked="" type="checkbox"/>	1	Check		11/18/2013		\$ 25.00	
<input type="checkbox"/>	1	Check		03/17/2014		\$ 50.00	
<b>4. Total only this Page</b>						\$ 534.45	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 9,275.59	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<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>	
RALPH JACOBSON 720 DONALD ROSS DRIVE PINEHURST, NC 28374			ATTORNEY - VOLUNTEER			
			<b>c. Employer's Name/Specific Field</b>			
					<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"/>	1	Check		04/11/2014	\$ 50.00	
<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>	
JOHN JARRETT PO BOX 5244 PINEHURST, NC 28374			DESIGN AND BUILD			
			<b>c. Employer's Name/Specific Field</b>			
			BLUE-J DESIGN		<b>e. Election Sum to Date</b>	
					\$ 0.00	
<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"/>	1	In-Kind	POSTAGE (49.00) AND SUPPLIES (57.19)	03/30/2014	\$ 106.19	
<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 B JARRETT 3 RIVERSIDE CT PINEHURST, NC 28374			OWNER SMALL BUSINESS			
			<b>c. Employer's Name/Specific Field</b>			
			BLUE'S DESIGN		<b>e. Election Sum to Date</b>	
					\$ 225.00	
<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"/>	1	Check		04/02/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 256.19	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,275.59	

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<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>	
IRENE H JOHNSON 649 MCLAUGHLIN RD CAMERON, NC 28376			RETIREED			
			<b>c. Employer's Name/Specific Field</b> BB&T BANK			
					<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"/>	1	Check		04/09/2014	\$ 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>	
NANCY KASKO 2 WEEBURN PL PINEHURST, NC 28374			RETIREED, ATTORNEY			
			<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"/>	1	Check		03/14/2014	\$ 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>	
MARTHA HICKS KIMES 3285 WESTRIDGE LANE SW CONCORD, NC 28027			HOMEMAKER			
			<b>c. Employer's Name/Specific Field</b>			
					<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"/>	1	Check		03/25/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 350.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,275.59	

### 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001	
<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 T LEA PO BOX 1223 PINEHURST, NC 28370				CONSULTANT			
				<b>c. Employer's Name/Specific Field</b>			
				HEALTHCARE SYSTEMS CONSULTING, INC		<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"/>	1	Check		04/07/2014	\$ 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>	
RALPH D LETT 2440 SEVEN LAKES SOUTH WEST END, NC 27376				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				COURIER TRIBUNE NEWSPAPER		<b>e. Election Sum to Date</b>	
						\$ 300.00	
<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"/>	1	Check		02/28/2014	\$ 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>	
MICHELLE C LEXO 100 S LAKESHORE DR WHISPERING PINES, NC 28327				RADIOLOGY ADMIN			
				<b>c. Employer's Name/Specific Field</b>			
				INOVA FAIRFAX HOSPITAL		<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"/>	1	Check		03/17/2014	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,275.59	

# 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> COMMITTEE TO KEEP SUSAN HICKS CLERK	<b>2. ID Number</b> MOO-A4W235-C-001
---	---

<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)  MARGARET A LORENZ 170 SUNSET DRIVE WHISPERING PINES, NC 28327	<b>b. Job Title/Profession</b> ATTORNEY	<b>d. Comments</b>		<b>e. Election Sum to Date</b> \$ 325.00	
	<b>c. Employer's Name/Specific Field</b> VANCAMP, MEACHAM & NEWMAN				
	<b>f. Prior</b> <input type="checkbox"/>	<b>g. Account Code</b> 1	<b>h. Form of Payment</b> Check	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b> 03/21/2014
<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)  EILEEN C MALAN 27 VILLAGE GREEN SOUTHERN PINES, NC 28387	<b>b. Job Title/Profession</b> REALTOR	<b>d. Comments</b>		<b>e. Election Sum to Date</b> \$ 200.00	
	<b>c. Employer's Name/Specific Field</b> SELF				
	<b>f. Prior</b> <input type="checkbox"/>	<b>g. Account Code</b> 1	<b>h. Form of Payment</b> Check	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b> 04/07/2014
<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)  COLIN W MCKENZIE 115 MCCASKILL RD W PINEHURST, NC 28374	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>		<b>e. Election Sum to Date</b> \$ 185.00	
	<b>c. Employer's Name/Specific Field</b> US ARMY				
	<b>f. Prior</b> <input type="checkbox"/>	<b>g. Account Code</b> 1	<b>h. Form of Payment</b> Check	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b> 04/07/2014
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 425.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 9,275.59
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# 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>
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001
<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>	
DOROTHY F MELTON 2141 ROSELAND ROAD ABERDEEN, NC 28315			HOMEMAKER			
			<b>c. Employer's Name/Specific Field</b>			
					<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 checked="" type="checkbox"/>	1	Check		11/14/2013	\$ 50.00	
<input type="checkbox"/>	1	Check		04/07/2014	\$ 100.00	
<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>	
BARBARA H PARA 26 WINDING TRAIL WHISPERING PINES, NC 28327			SELF			
			<b>c. Employer's Name/Specific Field</b>			
			FLIGHT INSTRUCTOR		<b>e. Election Sum to Date</b>	
					\$ 70.00	
<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"/>	1	Check		10/31/2013	\$ 35.00	
<input type="checkbox"/>	1	Check		04/07/2014	\$ 35.00	
<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>	
CAROL W PARKER 272 RING RD CARTHAGE, NC 28327			PROSECUTOR, STATE OF NC			
			<b>c. Employer's Name/Specific Field</b>			
			CARTHAGE		<b>e. Election Sum to Date</b>	
					\$ 500.00	
<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"/>	1	Check		03/19/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 385.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,275.59	

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<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>	
SANDY G PATTERSON PO BOX 1940 SOUTHERN PINES, NC 28388			ATTORNEY			
			<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"/>	1	Check		03/25/2014	\$ 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>	
MARY MCLAUCHLIN POPE PO BOX 2437 SOUTHERN PINES, NC 28389			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			CROCKETT OLDHAM POPE AND DONADIO, ATTORNEYS		<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"/>	1	Check		02/28/2014	\$ 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>	
DORIS RICHARDSON 75 BARTON HILLS CT PINEHURST, NC 28374			HOMEMAKER			
			<b>c. Employer's Name/Specific Field</b>			
			NA		<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"/>	1	Check		03/21/2014	\$ 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> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,275.59	

# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001	
<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>	
RITA ROBERTS 3 WAKE FOREST CT SOUTHERN PINES, NC 28387				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				SALES REPRESENTATIVE		<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"/>	1	Check		03/19/2014	\$ 50.00		
<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>	
FELICE A SCHILLACI 140 LAKE HILLS RD PINEHURST, NC 28374				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				MANUFACTURING BUSINESS OWNER		<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 checked="" type="checkbox"/>	1	Check		10/16/2013	\$ 50.00		
<input type="checkbox"/>	1	Check		04/02/2014	\$ 100.00		
<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>	
LEE SETTLE 166 JUNIPER CREEK BLVD PINEHURST, NC 28374				NC SENATE EMPLOYEE			
				<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 checked="" type="checkbox"/>	1	Check		10/16/2013	\$ 50.00		
<input type="checkbox"/>	1	Check		03/17/2014	\$ 50.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 200.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,275.59	

# 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> COMMITTEE TO KEEP SUSAN HICKS CLERK	<b>2. ID Number</b> MOO-A4W23 5-C-001
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<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) MELANIE F SMOAK 780 CRABTREE ROAD CARTHAGE, NC 28327	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"><b>b. Job Title/Profession</b> CLERK</td> <td rowspan="2" style="width: 5%;"></td> <td rowspan="2" style="width: 50%;"><b>d. Comments</b></td> </tr> <tr> <td><b>c. Employer's Name/Specific Field</b> MOORE COUNTY COURTS</td> </tr> <tr> <td colspan="2"><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$ 60.00</td> </tr> </table>	<b>b. Job Title/Profession</b> CLERK		<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b> MOORE COUNTY COURTS	<b>e. Election Sum to Date</b>					\$ 60.00
<b>b. Job Title/Profession</b> CLERK		<b>d. Comments</b>									
<b>c. Employer's Name/Specific Field</b> MOORE COUNTY COURTS											
<b>e. Election Sum to Date</b>											
		\$ 60.00									
<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"/>	1	Check		10/24/2013	\$ 35.00						
<input type="checkbox"/>	1	Check		04/07/2014	\$ 25.00						
<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) DONALD G STALLS 2800 US HIGHWAY 1 VASS, NC 28394	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"><b>b. Job Title/Profession</b> MANAGER/ACCOUNTANT</td> <td rowspan="2" style="width: 5%;"></td> <td rowspan="2" style="width: 50%;"><b>d. Comments</b></td> </tr> <tr> <td><b>c. Employer's Name/Specific Field</b> HAMILTON, BEACH, MCDERMETT, CPA</td> </tr> <tr> <td colspan="2"><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$ 100.00</td> </tr> </table>	<b>b. Job Title/Profession</b> MANAGER/ACCOUNTANT		<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b> HAMILTON, BEACH, MCDERMETT, CPA	<b>e. Election Sum to Date</b>					\$ 100.00
<b>b. Job Title/Profession</b> MANAGER/ACCOUNTANT		<b>d. Comments</b>									
<b>c. Employer's Name/Specific Field</b> HAMILTON, BEACH, MCDERMETT, CPA											
<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"/>	1	Check		04/02/2014	\$ 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) FRANK C THIGPEN 40 SHAW RD SW PINEHURST, NC 28374	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"><b>b. Job Title/Profession</b> ATTORNEY</td> <td rowspan="2" style="width: 5%;"></td> <td rowspan="2" style="width: 50%;"><b>d. Comments</b></td> </tr> <tr> <td><b>c. Employer's Name/Specific Field</b> THIGPEN &amp; JENKINS, ROBBINS, NC</td> </tr> <tr> <td colspan="2"><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$ 1,250.00</td> </tr> </table>	<b>b. Job Title/Profession</b> ATTORNEY		<b>d. Comments</b>	<b>c. Employer's Name/Specific Field</b> THIGPEN & JENKINS, ROBBINS, NC	<b>e. Election Sum to Date</b>					\$ 1,250.00
<b>b. Job Title/Profession</b> ATTORNEY		<b>d. Comments</b>									
<b>c. Employer's Name/Specific Field</b> THIGPEN & JENKINS, ROBBINS, NC											
<b>e. Election Sum to Date</b>											
		\$ 1,250.00									
<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"/>	1	Check		03/12/2014	\$ 500.00						
<input type="checkbox"/>	1	Check		04/09/2014	\$ 500.00						
<input type="checkbox"/>					\$						
					\$ 1,250.00						

<b>4. Total only this Page</b>	\$ 1,250.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 9,275.59

# Contributions from Individuals

Pg 19 of 20

Amendment  
 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> COMMITTEE TO KEEP SUSAN HICKS CLERK	<b>2. ID Number</b> MOO-A4W235-C-001
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<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>	
HERMAN G THOMPSON PO BOX 1181 SOUTHERN PINES, NC 28387			ATTORNEY			
			<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"/>	1	Check		03/19/2014	\$ 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>	
JERRY TILLMAN 1207 DOGWOOD LN ARCHDALE, NC 27263			SENATOR			
			<b>c. Employer's Name/Specific Field</b> STATE OF NORTH CAROLINA			
					<b>e. Election Sum to Date</b>	
					\$ 500.00	
<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"/>	1	Check		03/17/2014	\$ 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>	
EMILY A TOBIAS 165 BOILING SPRINGS CIR SOUTHERN PINES, NC 28387			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b> GILL & TOBIAS			
					<b>e. Election Sum to Date</b>	
					\$ 350.00	
<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"/>	1	Check		03/21/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

<b>4. Total only this Page</b>	\$ 600.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 9,275.59
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# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK				MOO-A4W235-C-001	
<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>
TIMOTHY J WILLIAMS 3191 SEVEN LAKES WEST WEST END, NC 27376			ATTORNEY		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
WILLIAMS & RITTER		\$ 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"/>	1	Check		04/07/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 100.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,275.59

# Loan Proceeds

Pg 1 of 1

Amendment

Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO KEEP SUSAN HICKS CLERK				MOO-A4W235-C-001	
<b>3. Lender 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>	
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326		CLERK OF SUPERIOR COURT			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		MOORE COUNTY, NC		03/06/2014	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		1	Check	\$ 6,000.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 6,000.00	

# Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

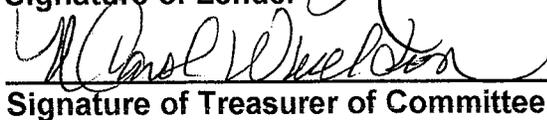
<b>Name of committee to receive loan:</b>	ADMIN. TO KEEP SUSAN HICKS CLERK
<b>Person lending money to committee (Lender):</b>	SUSAN HICKS
<b>Date of loan to committee:</b>	MARCH 6, 2014
<b>Name of lending institution and account number (source):</b>	
<b>Amount of loan:</b>	\$6,000 <sup>00</sup>
<b>Names of all parties responsible for payment of loan (guarantor):</b>	SUSAN A. HICKS
<b>Period of loan:</b>	
<b>Rate of interest of loan:</b>	
<b>Security pledged for loan:</b>	

I, SUSAN A. HICKS  
(Person lending money to committee)

acknowledge that all of the

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

  
Signature of Lender

  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.



# 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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK						MOO-A4W235-C-001	
<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> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
MOORE COUNTY BOARD OF ELECTIONS 700 PINEHURST AVE CARTHAGE, NC 28327							
				<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>	
						\$ 834.00	
<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>		
1	Check	H	02/10/2014	\$ 834.00	FILING FEE		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
NORTH MOORE HIGH SCHOOL 1504 N MOORE RD ROBBINS, NC 27325							
				<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>	
						\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	A	03/06/2014	\$ 100.00	AD IN HS PROGRAM		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SEVEN LAKES TIMES PO BOX 468 WEST END, NC 27378							
				<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>	
						\$ 285.00	
<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>		
1	Check	A	04/09/2014	\$ 285.00	ADVERTISING		
				\$			
<b>5. Total only this Page</b>						\$ 1,219.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 16,851.27	
<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>							
<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

Amendment

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>	
COMMITTEE TO KEEP SUSAN HICKS CLERK				MOO-A4W235-C-001	
<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>
VILLAGE PRINTERS 22 RATTLESNAKE TRAIL PINEHURST, NC 28374			<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>
					\$ 5,991.26
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	C	03/06/2014	\$ 5,991.26	MAILERS/POSTAGE FOR
				\$	PRIMARY
<b>5. Total only this Page</b>					\$ 5,991.26
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 16,851.27
<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>					
<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)					

# Aggregated Non-Media Expenditures

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO KEEP SUSAN HICKS CLERK					MOO-A4W235-C-001	
<b>3. Payee Information</b>						
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	1	Check	J	03/25/2014	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Draft	O	03/13/2014	\$ 9.30	PAYPAL
<input type="checkbox"/> Remove						PROCESSING FEE
<b>4. Total only this Page</b>					\$	19.30
<b>5. Total of ALL CRO-1315 Pages</b>					\$	19.30
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

**Refunds/Reimbursements From the Committee** Pg 1 of 2 Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO KEEP SUSAN HICKS CLERK				MOO-A4W235-C-001	
<b>3. 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>d. Type of Committee</b>		<b>g. Comments</b>
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/28/2014
					<b>i. Original Receipt Amount</b>
					\$ 20.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CLERK OF SUPERIOR COURT		MOORE COUNTY, NC		P	
					<b>j. Election Sum to Date</b>
					\$ 8,000.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	VOTER LIST FROM BOE		03/09/2014	\$ 20.00
<b>3. 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>d. Type of Committee</b>		<b>g. Comments</b>
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/04/2014
					<b>i. Original Receipt Amount</b>
					\$ 127.56
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CLERK OF SUPERIOR COURT		MOORE COUNTY, NC		P	
					<b>j. Election Sum to Date</b>
					\$ 8,000.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	WOOD FOR SIGNS		04/04/2014	\$ 127.56
<b>3. 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>d. Type of Committee</b>		<b>g. Comments</b>
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/09/2014
					<b>i. Original Receipt Amount</b>
					\$ 36.89
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CLERK OF SUPERIOR COURT		MOORE COUNTY, NC		P	
					<b>j. Election Sum to Date</b>
					\$ 8,000.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	WOOD FOR SIGNS		04/09/2014	\$ 36.89
<b>4. Total only this Page</b>					\$ 184.45
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 290.64
<b>6. Purpose Codes</b> (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)					

**Refunds/Reimbursements From the Committee** Pg 2 of 2 Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
COMMITTEE TO KEEP SUSAN HICKS CLERK			MOO-A4W235-C-001		
<b>3. 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>d. Type of Committee</b>		<b>g. Comments</b>
JOHN JARRETT PO BOX 5244 PINEHURST, NC 28374			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/30/2014
					<b>i. Original Receipt Amount</b>
					\$ 106.19
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
DESIGN AND BUILD		BLUE-J DESIGN		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	REIMBURSE POSTAGE/SUPPLIES		03/30/2014	\$ 106.19
<b>4. Total only this Page</b>					\$ 106.19
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 290.64
<b>6. Purpose Codes</b> (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)					

# Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
COMMITTEE TO KEEP SUSAN HICKS CLERK			MOO-A4W235-C-001	
<b>3. Lender 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>
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326		CLERK OF SUPERIOR COURT		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
		MOORE COUNTY, NC		05/14/2009
				<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>		<b>j. Remaining Loan Balance</b>
%		\$ 1,000.00		\$ 1,000.00
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>3. Lender 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>
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326		CLERK OF SUPERIOR COURT		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
		MOORE COUNTY, NC		08/06/2013
				<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>		<b>j. Remaining Loan Balance</b>
%		\$ 2,000.00		\$ 2,000.00
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>3. Lender 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>
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326		CLERK OF SUPERIOR COURT		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
		MOORE COUNTY, NC		03/06/2014
				<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>		<b>j. Remaining Loan Balance</b>
%		\$ 6,000.00		\$ 6,000.00
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>4. Total only this Page</b>				\$ 9,000.00
<b>5. Total of ALL CRO-1430 Pages</b> (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 9,000.00