

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information	
a. Full Name COLIN FOR COUNCIL	c. ID Number
RECEIVED	
b. Mailing Address (include City, State and Zip Code) 140 South Lakeshore Drive Whispering Pines, NC 28327	d. Date Filed DEC 03 2015 9/28/2015
MOORE BOE	
e. Phone Number 9106391065	

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 9/27/2015	4. Period End Date (mm/dd/yy) 10/26/2015	5. Treasurer Full Name Colin Webster
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
None				

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Bank	a. Financial Institution Full Name	b. Purpose Checking Acc	c. Account Code 1
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance \$ 1061	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance

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

 Printed Name of Signer

 Signature of Appointed Treasurer

10/26/2015 12/03/2015

 Date

FOR OFFICE USE ONLY

Date Received: 12-3-15	Employee: [Signature]	Delivery Method:
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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

MOORE COUNTY PUBLIC COPY

Amendment		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> 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	
Colin For Council	Pre-Election		
Start of Election Cycle:	January 1,	2015	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1061.00	\$ 1061.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 3931.39	\$ 5446.39
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 250.00	\$ 250.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4181.39	\$ 5696.39
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 180.00	\$ 1114.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 3931.39	\$ 3946.39
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4111.39	\$ 5056.39
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1131.00	\$ 1131.00
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	\$
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	\$
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$	\$
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Colin For Council					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Colin Webster 140 South Lakeshore Dr. Whispering Pines, NC 28327		Candidate			
		c. Employer's Name/Specific Field			
		Businessman			
e. Election Sum to Date					
\$ 5946.39					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>			Signs	10/06/2015	\$ 997.05
<input type="checkbox"/>			Stationery/Mail	10/06/2015	\$ 1174.25
<input type="checkbox"/>			Food	10/02/2015	\$ 727.09
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Colin Webster 140 South Lakeshore Dr. Whispering Pines, NC 28327		Candidate			
		c. Employer's Name/Specific Field			
		Businessman			
e. Election Sum to Date					
\$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>			Venue	10/05/2015	\$ 151.00
<input type="checkbox"/>			Stamps	10/07/2015	\$ 882.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
e. Election Sum to Date					
\$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3931.39
5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6 of Detailed Summary Page CRO-1100)</i>					\$ 3931.39

Disbursements

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Colin For Council					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Sherri Sabo, 75 Fields Rd Pinehurst, NC 28374					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 180	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/04/2015	\$180	Website Design
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1				\$	
				\$	
5. Total only this Page					\$ 180
6. Total of ALL CRO-1310 Pages					\$ 180
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (1.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Colin For Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Colin Webster 140 South Lakeshore Dr, Whispering Pines, NC 28327		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 3946.39	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Signs		10/06/2015	\$ 997.05
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Colin Webster 140 South Lakeshore Dr Whispering Pines, NC 28327		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Stationery/Mail		10/06/2015	\$ 1174.25
Food		10/02/2015	\$ 727.09
Venue/Food-Whispering Woods Cafe		10/05/2015	\$ 151.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Colin Webster 140 South Lakeshore Dr Whispering Pines, NC 28327		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Stamps		10/07/2015	\$ 882.00
			\$
			\$
4. Total only this Page		\$ 3931.39	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 3931.39	