

JAN 31 2014

COPY

Contributions from Individuals

Pg 5 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

Committee Name
 Add Remove
 CRA-000000-C-001
 JCD2NC

1. Committee Full Name (and Fund if applicable)
 CITIZENS TO ELECT CHIP HUGHES

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JOSEPH AVOLIS 2003 GRENVILLE CT TRENT WOODS, NC 28562	CIVIL ENGINEER	
	c. Employer's Name/Specific Field	
	AVOLIS ENGINEERING, PA	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/26/2013	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JESSIE CORWIN PO BOX 1235 HAVELOCK, NC 28532	ATTORNEY	
	c. Employer's Name/Specific Field	
	CORWIN LAW FIRM	
		e. Election Sum to Date
		\$ 150.00

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		09/30/2013	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHARLES F TYSON 4507 WEST FAIRWAY DR NEW BERN, NC 28562	REALTOR	
	c. Employer's Name/Specific Field	
	TYSON HOOKS REALTY	
		e. Election Sum to Date
		\$ 750.00

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		10/03/2013	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 500.00

5. Total of ALL CRO-1210 Pages \$ 8,137.95
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

JAN 31 2014

COPY

Contributions from Individuals

Pg 6 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

1. Committee Full Name (and fund if applicable)						2. Official ID Number	
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 JCH2NC	
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		
DARLENE BOYD 3310 BRICES CREEK ROAD POLLOCKSVILLE, NC 28573			[Redacted]		[Redacted]		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			[Redacted]		\$ 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		09/24/2013	\$ 250.00		
<input type="checkbox"/>					\$		
<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		
MARK GRIFFIN 465 DAUGHERTY RD DOVER, NC 28562			DENTAL LAB TECH				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			US NAVY		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/24/2013	\$ 100.00		
<input type="checkbox"/>					\$		
<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		
MICHAEL SPECIALE 803 STATELY PINES ROAD NEW BERN, NC 28560			STATE REPRESENTATIVE				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NC		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/24/2013	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00 ✓	
5. Total of ALL CRO-1210 Pages (This line appears on line 6 of (Detailed Summary) Page CRO-1100)						\$ 8,137.95	

JAN 31 2014

COPY

Contributions from Individuals

Pg 7 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 2CD2NC	
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	
CATHERINE BARRETT 227 LAKEMERE DR NEW BERN, NC 28562				CEO			
				c. Employer's Name/Specific Field			
				UNITED MILITARY TRAVEL			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2	Credit Card		09/08/2013	\$ 500.00		
<input type="checkbox"/>					\$		
<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	
KENNETH W GIBBS 901 PINE TREE DRIVE NEW BERN, NC 28562				DENTIST			
				c. Employer's Name/Specific Field			
				GIBBS DENTISTRY			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/17/2013	\$ 100.00		
<input type="checkbox"/>					\$		
<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	
GEORGE SMITH 104 MULBERRY CT PINE KNOLL SHORES, NC 28512				CHIEF OF POLICE			
				c. Employer's Name/Specific Field			
				TOWN OF ATLANTIC BEACH			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/22/2013	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,137.95	

JAN 31 2014

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Contributions from Individuals

Pg 8 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210 is required.

CRA-000000-C-001
210 SNC

1. Committee Full Name (and Fund if applicable)
CITIZENS TO ELECT CHIP HUGHES

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
EDWIN CROOKS 136 WILDFLOWER WAY POLLOCKSVILLE, NC 28573	OWNER	
	c. Employer's Name/Specific Field	
	COASTAL FENCE CO.	
		e. Election Sum to Date
		\$ 550.00

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		09/24/2013	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RUTH LEGGETT 1706 FOREST HILL DR GREENVILLE, NC 27858	HOMEMAKER	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 80.00

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		09/24/2013	\$ 80.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RICHARD G WILLIS III 478 NEWPORT LOOP RD NEWPORT, NC 28570	STATE TROOPER	
	c. Employer's Name/Specific Field	
	DEPT OF PUBLIC SAFETY	
		e. Election Sum to Date
		\$ 650.00

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		09/24/2013	\$ 50.00
<input type="checkbox"/>	1	Check		09/10/2013	\$ 100.00
<input type="checkbox"/>					\$

4. Total only this Page \$ 280.00 ✓

5. Total of ALL CRO-1210 Pages \$ 8,137.95

(This line must be on the last Detailed Summary Page CRO-1210)

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Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1100

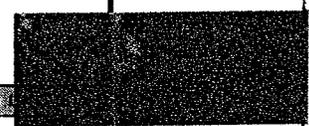
1. Committee Full Name (and Fund if applicable)		2. No. of Pages
CITIZENS TO ELECT CHIP HUGHES		CRA-000000-C-001 SCD & NC

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
KEVIN DEBRUHL 208 FAIRCHILD DOWNS PLACE CARY, NC 27518	SALES	
	c. Employer's Name/Specific Field	
	BLI LILLY	e. Election Sum to Date
		\$ 150.00

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		11/13/2013	\$ 150.00
<input type="checkbox"/>					\$
<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
JANA TYSON 700 MADAM MOORES LANE NEW BERN, NC 28562	REALTOR	
	c. Employer's Name/Specific Field	
	KELLER WILLIAMS	e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/24/2013	\$ 100.00
<input type="checkbox"/>					\$
<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
JOHN PERCY WETHERINGTON 119 N WEST ST PO BOX 698 DOVER, NC 28526		
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		12/16/2013	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Related Summary Page CRO-1100)	\$ 8,137.95

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Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1100

1. Committee Full Name (and Fund if applicable)						2. CRO Number
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 JCD JNL
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	
GRAHAM BARDEN III 1018 COLLETON WAY TRENT WOODS, NC 28562			PHYSICIAN			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			COASTAL CHILDRENS CLINIC		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/24/2013	\$ 100.00	
<input checked="" type="checkbox"/>	1	Check		05/04/2013	\$ 100.00	
<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	
JAY JANDRAIN 4508 MORGAN LANE TRENT WOODS, NC 28562			VP OF MARKETING			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BUTTERBALL CORP		\$ 290.00	
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		09/24/2013	\$ 40.00	
<input type="checkbox"/>					\$	
<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	
JOHN TAYLOR PO BOX 12006 NEW BERN, NC 28561			PRINCIPAL OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			INVESTMENTS EAST, LLC		\$ 540.00	
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		09/09/2013	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 180.00	
5. Total of ALL CRO-1100 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,137.95	

JAN 31 2014

COPY

Contributions from Individuals

Pg 12 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES						2. Number CRA-000000-C-001 JCD SMC
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		
SCOTT DACEY 139 TRENT SHORES DR TRENT WOODS, NC 28562		LOBBYIST				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		PACE GOVT RELATIONS		\$ 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		09/24/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<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		
JIMMY TANT 4720 EATMON ROAD BAILEY, NC 27807		SALES CONSULTANT				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		CENTURY UNIFORMS		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		07/23/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<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		
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604		CAMPAIGN CONSULTANT				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		SELF		\$ 0.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In Kind	INVITATIONS/ENVELOPE SSTAMPS	08/12/2013	\$ 232.95	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 582.95	
5. Total of ALL CRO-1210 Pages (This info must be on line or in Detailed Summary Page CRO-1210)					\$ 8,137.95	

Contributions from Individuals

JAN 31 2014

Pg 13 of 1

COPY

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

CRA-000000-C-001
2 CD 2 NC

1. Committee Full Name (and Fund if applicable)
CITIZENS TO ELECT CHIP HUGHES

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
THOMAS A BRAATEN 4506 MORGAN LANE NEW BERN, NC 28562	AIRPORT DIRECTOR	
	c. Employer's Name/Specific Field	
	COASTAL CAROLINA REGIONAL AIRPORT	
		e. Election Sum to Date
		\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/17/2013	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RODNEY KNOWLES 175 HAWKS POND ROAD NEW BERN, NC 28562	RETIRED	
	c. Employer's Name/Specific Field	
	NC SBI	
		e. Election Sum to Date
		\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		07/09/2013	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MICHAEL O'DANIEL 818 LLEWELLYN DR TRENT WOODS, NC 28562		
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 165.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		07/10/2013	\$ 100.00
<input type="checkbox"/>	1	Check		09/05/2013	\$ 65.00
<input type="checkbox"/>					\$

4. Total only this Page \$ 615.00

5. Total of ALL CRO-1210 Pages \$ 8,137.95
(This line must be on the 5th Detailed Summary Page CRO-1100)

JAN 31 2014

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Contributions from Individuals

Pg 14 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1100

1. Committee Full Name (and Fund if applicable)						27. Name of Candidate
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 JCD QNC
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	
DAVID GURGANAS 4200 COUNTRY CLUB ROAD TRENT WOODS, NC 28562			BUILDER			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/12/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<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	
TODD H RANKIN 5209 TRENT WOODS DR TRENT WOODS, NC 28562			ORTHODONTIST			
			c. Employer's Name/Specific Field			
			RANKIN ORTHODONTIST			
					e. Election Sum to Date	
					\$ 300.00	
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		09/09/2013	\$ 50.00	
<input type="checkbox"/>					\$	
<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	
BRIAN TAYLOR 5217 TRENT WOODS DR TRENT WOODS, NC 28562			ATTORNEY			
			c. Employer's Name/Specific Field			
			WHITE & ALLEN, PA			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/17/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 5 of Detail A Summary Page CRO-1100)</i>					\$ 8,137.95	

JAN 31 2014

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Contributions from Individuals

Pg 15 of 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

2. Identification Number
CRA-000000-C-001
JCD2NC

1. Committee Full Name (and Fund if applicable)
CITIZENS TO ELECT CHIP HUGHES

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DRAKE BRATTON 4507 TENELLA ROAD TRENT WOODS, NC 28562	b. Job Title/Profession REALTOR	d. Comments
	c. Employer's Name/Specific Field COLDWELL BANKER	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/10/2013	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK GENEREUX 110 ALLEN DRIVE NEW BERN, NC 28562	b. Job Title/Profession CAR DEALER	d. Comments
	c. Employer's Name/Specific Field TOYOTA OF NEW BERN	
	e. Election Sum to Date \$ 500.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/09/2013	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES E PARKER JR. 2406 TURTLE BAY DR NEW BERN, NC 28562	b. Job Title/Profession INSURANCE AGENT	d. Comments
	c. Employer's Name/Specific Field ROBINSON & STITH	
	e. Election Sum to Date \$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/10/2013	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 450.00 ✓

5. Total of ALL CRO-1210 Pages \$ 8,137.95

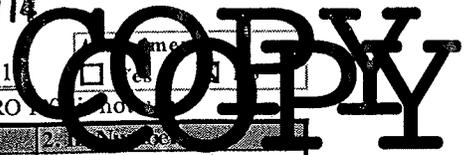
(This line must be on line 5 of Detailed Summary Page CRO-1100)

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Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

1. Committee Full Name (and Fund if applicable)						2. ID Number
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 2CD 2NC
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		
DALLAS BLACKISTON 1507 N PASTEUR NEW BERN, NC 28560			PROJECT MANAGER			
			c. Employer's Name/Specific Field			
			MICHAEL BAKER ENGINEERING	e. Election Sum to Date		
				\$ 150.00		
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		09/24/2013	\$ 50.00	
<input checked="" type="checkbox"/>	1	Check		04/25/2013	\$ 100.00	
<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		
WALTER F CRAYTON JR 302 FAIRWAY DR TRENT WOODS, NC 28562			REAL ESTATE DEVELOPER			
			c. Employer's Name/Specific Field			
			CRAYTON COMMERCIAL	e. Election Sum to Date		
				\$ 90.00		
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		09/11/2013	\$ 40.00	
<input type="checkbox"/>					\$	
<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		
DONALD GARNER 1002 BASIL DR NEW BERN, NC 28562			PA STATE TROOPER			
			c. Employer's Name/Specific Field			
			RETIRE	e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/21/2013	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 290.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 8,137.95	



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210

1. Committee Full Name (and Fund if applicable)						2. Name
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 2CD2NC
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	
CHARLES J CUSHMAN 550 MADAM MOORES LANE NEW BERN, NC 28562			ATTORNEY			
			c. Employer's Name/Specific Field			
			DUNN PITTMAN		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/24/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<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	
ROBERT F DORSEY 234 RIVERTIDE LANE NEW BERN, NC 28561			PRESIDENT			
			c. Employer's Name/Specific Field			
			DORSEY CONSULTING		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Credit Card		09/17/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00 ✓	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,137.95	

JAN 31 2014

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Disbursements

Pg 1 of 8

Use this form to report expenditures from the committee for operating expenses, contributions to committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES						2. ID Number CRA-000000-C-001 202NC	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRYAN MEYER 4513 CARTERET DRIVE NEW BERN, NC 28562				b. Coordinated Committee Name		d. Comments	
				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	
						\$ 100.00	
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
1	Check	C	09/25/2013	\$ 100.00	SINGER AT EVENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THEA'S IDEAS PO BOX A NEW BERN, NC 28562				b. Coordinated Committee Name		d. Comments	
				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	
						\$ 6,149.61	
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
1	Check	BO	09/18/2013	\$ 1,086.12	OVAL CAR MAGNETS		
1	Check	O	09/25/2013	\$ 942.59	CIGAR CUTTERS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604				b. Coordinated Committee Name		d. Comments	
				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	
						\$ 6,268.22	
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
1	Check	O	09/25/2013	\$ 948.16	INVOICE FOR		
1	Check	CO	07/30/2013	\$ 295.00	FUNDRAISING SVCS MONTHLY RETAINER / COMMISSION ON FUNDS		

5. Total only this Page \$ 3,371.87

6. Total of ALL CRO-1310 Pages \$ 15,514.05
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (k) 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)

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Disbursements

Pg 2 of

Use this form to report expenditures from the committee for operating expenses, contributions to candidates, committees and coordinated party expenditures

Amendment
1 Year
2 Year
3 Year
CRA 000000 C-001
2CD2NC

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES	2. ID Number CRA 000000 C-001 2CD2NC
-----------------------------------------------------------------------------------------	---------------------------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) BEER ARMY 1244 US 70 EAST NEW BERN, NC 28562		b. Coordinated Committee Name	d. Comments
		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 \$ 233.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	C	09/24/2013	\$ 233.89	FARMERS MARKET EVENT
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOB SIGNS 2615 TRENT ROAD NEW BERN, NC 28562		b. Coordinated Committee Name	d. Comments
		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 \$ 1,654.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	09/25/2013	\$ 1,654.63	SIGNS, BUMPER STICKERS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) THEA'S IDEAS PO BOX A NEW BERN, NC 28563		b. Coordinated Committee Name	d. Comments
		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 \$ 6,149.61

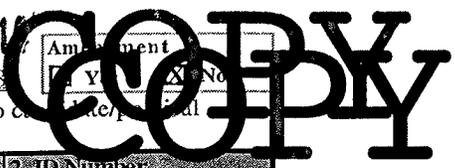
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	CO	10/07/2013	\$ 486.57	OYSTER KNIVES
1	Check	O	08/26/2013	\$ 1,085.11	CAR MAGNETS

5. Total only this Page \$ 3,460.20

6. Total of ALL CRO-1310 Pages \$ 15,514.05

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (Use 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 candidates, committees and coordinated party expenditures

Amendment
 Yes No
 CRA-000000-C-001
 2002NC

1. Committee Full Name (and fund if applicable) CITIZENS TO ELECT CHIP HUGHES	2. ID Number CRA-000000-C-001 2002NC
-----------------------------------------------------------------------------------------	---------------------------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) NEW BERN PARKS & RECREATION 300 POLLOCK ST NEW BERN, NC 28560	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
d. Comments	
e. Election Sum to Date \$ 200.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/11/2013	\$ 200.00	BRIDGE RUN SPONSORSHIP
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) VERNON RAY RICHARDS NC	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
d. Comments	
e. Election Sum to Date \$ 800.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	CO	09/13/2013	\$ 800.00	COOKED PIG FOR PIG PICKIN
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAKE TAYLOR 3509 COUNTRY CLUB ROAD NEW BERN, NC 28562	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
d. Comments	
e. Election Sum to Date \$ 275.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	08/15/2013	\$ 200.00	SIGN CONSTRUCTION
1	Check	B	07/01/2013	\$ 75.00	CAMPAIGN SIGNS

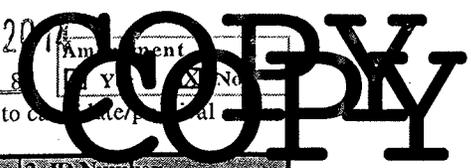
5. Total only this Page \$ 1,275.00 ✓

6. Total of ALL CRO-1310 Pages \$ 15,514.05
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (k) 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 committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES	2. ID Number CRA-000000-C-001 2CD2NC
-----------------------------------------------------------------------------------------	---------------------------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALPHA GRAPHICS 3731 TRENT ROAD NEW BERN, NC 28562	b. Coordinated Committee Name	d. Comments
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 \$ 469.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	08/30/2013	\$ 242.31	CONTRIBUTION
				\$	ENVELOPES

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) IMMERSIVE SOLUTIONS GROUP 5821 MAGNOLIA LANE FALLS CHURCH, VA 22041	b. Coordinated Committee Name	d. Comments
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 \$ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/07/2013	\$ 200.00	VOTERVIZ
				\$	SUBSCRIPTION

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) THEA'S IDEAS PO BOX A NEW BERN, NC 28563	b. Coordinated Committee Name	d. Comments
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 \$ 6,149.61

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	07/30/2013	\$ 320.43	LAPEL STICKERS
1	Check	O	11/13/2013	\$ 399.25	SHIRTS

5. Total only this Page	\$ 1,161.99
--------------------------------	-------------

6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$ 15,514.05
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------

7. Purpose Codes (List detailed expenditure code in (i) 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)

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Disbursements

Pg 5 of 8

Use this form to report expenditures from the committee for operating expenses, contributions to candidates, committees and coordinated party expenditures

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES	2. ID Number CRA-000000-C-001 ACDANC
-----------------------------------------------------------------------------------------	---------------------------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) CRAVEN COUNTY TAXPAYERS ASSOCIATION PO BOX 1043 HAVELOCK, NC 28532	b. Coordinated Committee Name	d. Comments
	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 \$ 134.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/18/2013	\$ 134.00	NOV MTG SPONSORSHIP
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) VERNON RICHARDS NC	b. Coordinated Committee Name	d. Comments
	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 \$ 655.86

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	C	11/18/2013	\$ 655.86	KINSEY/HUGHES EVENT
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) AARON WALLACE 1452 STREETS FERRY ROAD VANCEBORO, NC 28586	b. Coordinated Committee Name	d. Comments
	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 \$ 650.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	11/13/2013	\$ 650.00	SIGNAGE
				\$	

5. Total only this Page \$ 1,439.86 ✓

6. Total of ALL CRO-1310 Pages \$ 15,514.05
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (Use detailed expenditure code in the 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)

JAN 31 2014

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Disbursements

Pg 6 of 8

Use this form to report expenditures from the committee for operating expenses, contributions to candidates, committees and coordinated party expenditures

Amendment
 Yes No
 CRA-000000-C-001
 2002K

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES	2. ID Number CRA-000000-C-001 2002K
-----------------------------------------------------------------------------------------	--------------------------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK HARRIS FOR US SENATE PO BOX 98986 RALEIGH, NC 27624-8986		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	10/22/2013	\$ 100.00	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) TRADE IDEAS, LLC 4504 BERKLEY DRIVE NEW BERN, NC 28562		b. Coordinated Committee Name	d. Comments
		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 \$ 1,555.59

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/13/2013	\$ 1,555.59	WEBSITE DESIGN.
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604		b. Coordinated Committee Name	d. Comments
		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 \$ 6,268.22

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/28/2013	\$ 310.00	FUNDRAISING SVCS
1	Check	C	09/20/2013	\$ 195.00	FARMER MARKET EVENT

5. Total only this Page \$ 2,160.59 ✓

6. Total of ALL CRO-1310 Pages \$ 15,514.05
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (k) 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)			

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Disbursements

Pg 7 of 8

Use this form to report expenditures from the committee for operating expenses, contributions to candidates, committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 20222	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NATIONAL RIFLE ASSOCIATION OF AMERICA 11250 WAPLES MILL ROAD FAIRFAX, VA 22030							
				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:		\$ 245.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/04/2013	\$ 245.00	SPONSORSHIP		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE ROTARY CLUB OF NEW BERN PO BOX 818 NEW BERN, NC 28563-0818							
				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:		\$ 320.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/09/2013	\$ 320.00	ADVERTISING - MUM FEST BANNERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THEA'S IDEAS PO BOX A NEW BERN, NC 28563							
				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:		\$ 6,149.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	BO	07/10/2013	\$ 1,289.38	NOTE CARDS, PRINTED		
1	Check	O	12/29/2013	\$ 540.16	CUPS, CAR MAGNETS, SHIRTS/SWEATSHIRTS		
5. Total only this Page						\$ 2,394.54 ✓	
6. Total of ALL CRO-1310 Pages						\$ 15,514.05	
<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 (As detailed expenditure code in line 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)							

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Disbursements

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

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES		2. ID Number CRA-000000-C-001 QCD2NC	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604		b. Coordinated Committee Name	d. Comments
		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 \$ 6,268.22
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	08/26/2013
			\$ 250.00
			\$
5. Total only this Page			\$ 250.00
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			\$ 15,514.05
7. Purpose Codes (List detailed expenditure code in (h) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
*Codes require detailed explanation in required remarks field (k)			

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Aggregated Non-Media Expenditures

Page 1 of 1

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
CITIZENS TO ELECT CHIP HUGHES						CRA-000000-C-001 ADANE
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft	O	07/23/2013	\$ 5.75	ONLINE DONATION FEE - JIMMY TANT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft	O	09/08/2013	\$ 28.75	ONLINE DONATION FEE - BARRETT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft	O	09/17/2013	\$ 14.38	ONLINE DONATION FEE - DORSEY
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	08/13/2013	\$ 29.00	SERVICE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Draft	O	07/10/2013	\$ 5.75	ONLINE DONATION FEE - O'DANIEL
4. Total only this Page					\$	83.63 ✓
5. Total of ALL CRO-1315 Pages <i>(This line must be on the 1st of Detailed Summary Page, CRO-1100)</i>					\$	83.63 ✓
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F - Equipment		H - Holding Public Office Expenses		
I - Postage		J - Penalties		K - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

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Refunds/Reimbursements From the Committee Pg 1 of 1

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CITIZENS TO ELECT CHIP HUGHES				CRA-000000-C-001 200810	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
SARAH TELLIS 5104 TRENT WOODS DR TRENT WOODS, NC 28562			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/18/2013
					i. Original Receipt Amount
					\$ 500.00
b. Job Title/Profession		c. Employer's Name/Specific Field		l. Purpose Code	j. Election Sum to Date
CEO				O	\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Draft	REVERSAL OF SARAH TELLIS CONT.		09/06/2013	\$ 500.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		08/12/2013
					i. Original Receipt Amount
					\$ 232.95
b. Job Title/Profession		c. Employer's Name/Specific Field		l. Purpose Code	j. Election Sum to Date
CAMPAIGN CONSULTANT				P	\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	INVITES/ENV/POSTAGE		08/13/2013	\$ 232.95
4. Total only this Page					\$ 732.95 ✓
5. Total of All CRO-1320 Pages (This includes pages on the 15 of Detailed Summary Page CRO-1100)					\$ 732.95 ✓
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* - Other			
* Codes require detailed explanation in required remarks field (m)					

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 Pg 1 of 1
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In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee.
 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	
CITIZENS TO ELECT CHIP HUGHES		CRA-000000-C-001 200 212	
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	
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
INVITATIONS/ENVELOPES/STAMPS		08/12/2013	\$ 232.95
			\$
			\$
4. Total only this Page		\$ 232.95 ✓	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 232.95 ✓	

CRO-1510

NC State Board of Elections

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Account Transfers Within the Committee

Page 1 of 1

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and fund if applicable)				2. ID Number
CITIZENS TO ELECT CHIP HUGHES				CRA-000000-C-001 2002 NC
3. Transfer Information				
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
<input type="checkbox"/> Add	2	1	07/05/2013	\$ 47.12
<input type="checkbox"/> Remove				
<input type="checkbox"/> Add	2	1	07/09/2013	\$ 235.62
<input type="checkbox"/> Remove				
<input type="checkbox"/> Add	2	1	07/22/2013	\$ 94.25
<input type="checkbox"/> Remove				
4. Total only this Page				\$ 376.99 ✓
5. Total of ALL CRO-1720 Pages				\$ 376.99 ✓
<i>(This line must be on line 24 of Detailed Summary Page CRO-1100)</i>				

CRO-1720

NC State Board of Elections

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