Disclosure Report Cover

OCT 24 2014

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information

a. Full Name	c. ID Number
CITIZENS TO ELECT CHIP HUGHES	CRA-2CD2NC-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1037 COLLETON WAY TRENT WOODS, NC 28562	10/24/2014
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	07/01/2014	10/18/2014	DANIEL E MURPHY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☑ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
BB&T	CONTRIBUTIONS & EXPENDITURES	1	$

3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
PIRYX INC.	ONLINE TRANSACTIONS	2	$

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

DANIEL E. MURPHY		10/24/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	10/24/14	Employee:	ehl
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Disclosure Report Cover Addendum

Amendment
☐ Yes ☒ No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

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

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
ANEDOT			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
ONLINE TRANSACTIONS	3		
	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

Printed Name of Signer	Signature of Appointed Treasurer	Date
		10/24/2014

Please Note: This cover sheet cannot be used to amend committee information such as the committee name 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
CITIZENS TO ELECT CHIP HUGHES	2014 Third Quarter	CRA-2CD2NC-C-001

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 5,983.18	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 0.00	$ 1,593.51
6) Contributions from Individuals	*(CRO-1210)*	$ 23,595.00	$ 90,878.27
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 0.00	$ 0.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ 0.00	$ 0.00
11c) Outside Sources of Income	*(CRO-1250)*	$ 1,035.00	$ 1,035.00
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)		$ 24,630.00	$ 93,506.78
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 26,693.39	$ 83,358.95
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0.00	$ 1,000.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 62.85	$ 296.31
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 0.00	$ 1,136.31
17) In-Kind Contributions	*(CRO-1510)*	$ 0.00	$ 3,858.27
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 26,756.24	$ 89,649.84
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3,856.94	$ 3,856.94
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0.00	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ 0.00	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ 0.00	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0.00	
25) Administrative Support	*(CRO-1710)*	$ 0.00	$ 0.00
26) Forgiven Loans	*(CRO-1440)*	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ 0.00	$ 0.00
28) Contributions to be Refunded	*(CRO-1215)*	$ 0.00	$ 0.00

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
CITIZENS TO ELECT CHIP HUGHES	CRA-2CD2NC-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HOVEY AIKEN 203 PINE ROAD NEW BERN, NC 28560	FINANCIAL ADVISOR	WELLS FARGO		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOE ALBANESE 3709 WEDGEWOOD DR NEW BERN, NC 28562	SPECIAL DEPUTY	CRAVEN COUNTY SHERIFFS OFFICE		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RUDOLPH A ASHTON III 1981 HOODS CREEK ROAD NEW BERN, NC 28562	ATTORNEY	MCCOTTER ASHTON PA		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/01/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA AZERSKY 908 SALT CAY CT NEW BERN, NC 28560	RETIRED			$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		10/14/2014	$ 30.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RALPH AZERSKY 908 SALT CAY CT NEW BERN, NC 28560	RETIRED			$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		10/14/2014	$ 30.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GRAHAM BARDEN III 1018 COLLETON WAY TRENT WOODS, NC 28562	PHYSICIAN	COASTAL CHILDRENS CLINIC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 160.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE BARRETT 264 W ROCK CREEK RD NEW BERN, NC 28562				$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BUDDY BROADWAY 1525 ST DELIGHT CHURCH ROAD NEW BERN, NC 28560	LOGGER	CONTRACTER (SELF EMPLOYED)		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TIMMOTHY N BURELLE 268 SHORELINE DRIVE NEW BERN, NC 28562	PHARMACIST	PFIZER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		09/13/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RONALD CAPSHAW 601 NEUSE HARBOUR BLVD NEW BERN, NC 28560	DIRECTOR	LOCKHEED MARTIN		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		09/18/2014	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HARRY COSNER 405 EDGEHILL ROAD TRENT WOODS, NC 28562	OWNER	EAST CAROLINA AUTOMOTIVE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/15/2014	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD CRAWFORD 1006 MAUL SWAMP ROAD VANCEBORO, NC 28586	AUTO REPAIR	OWNER - CRAWFORDS AUTOMOTIVE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/05/2014	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 2,150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WALTER F CRAYTON JR 302 FAIRWAY DR TRENT WOODS, NC 28562	REAL ESTATE DEVELOPER	CRAYTON COMMERCIAL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GREGORY C CROMER 107 BARGATE DR NEW BERN, NC 28562	INSURANCE SALES	NC FARM BUREAU		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TONY CUMMINGS 117 SUNSET DR CEDAR POINT, NC 28584	INVESTIGATOR	SBI		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SCOTT DACEY 139 TRENT SHORES DR TRENT WOODS, NC 28562	LOBBYIST	PACE GOVT RELATIONS		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/14/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH L DAUB 406 BAY HILL CT NEW BERN, NC 28562	COURT REPORTER	NEW BERN COURT REPORTERS		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 50.00
☐	1	Check		10/16/2014	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIRK DICKIE 4500 MONCKS COURT TRENT WOODS, NC 28562	DOCTOR	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LUCILLE DICKTEL 302 VILLAGE GREEN DR TRENT WOODS, NC 28562	OWNER	CULLIGAN WATER		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/27/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HAROLD E DOMBROWSKY III 3707 DARBY ROAD TRENT WOODS, NC 28562	POLICE OFFICER	CITY OF NEW BERN		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/01/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GLENN FINK 646 GOOSE CREEK ROAD NEW BERN, NC 28562	OPERATIONS LEADER	WEYERHAEUSER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID R GARRISH 3018 RED FOX ROAD TRENT WOODS, NC 28560	COMPANY POLICE	CAROLINA EAST HEALTH SYSTEM		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARK GENEREUX 110 ALLEN DRIVE NEW BERN, NC 28562	CAR DEALER	TOYOTA OF NEW BERN		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MILTON E GOLD, JR 803 LAKE POINTE ROAD NEW BERN, NC 28562	PRESIDENT	AMITAL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DALE GOLDMAN 116 STILLWOOD CT NEW BERN, NC 28560				$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD GORMAN 2403 TRAM ROAD NEW BERN, NC 28562	DOCTOR	CCHC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD GORMAN 214 WILSON POINT ROAD TRENT WOODS, NC 28562	ORTHODONTIST	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
O. DREW GRICE 100 VIRGINIA LANE NEW BERN, NC 28562	PHYSICIAN	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN GRIFFITH 202 NOTTINGHAM LANE MOREHEAD CITY, NC 28557	HOMEMAKER			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIAL HANCHETTE 2816 BEDFORD AVE RALEIGH, NC 27607	DP	LENNAR		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		10/06/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PRESTON S HOWARD 301 OLD CAUSEWAY RD ATLANTIC BEACH, NC 28512	RESTAURANT OWNER	AMOS MOSQUITOS RESTAURANT		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/07/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIMBERLY HUDDLE 117 TRENT SHORES DR NEW BERN, NC 28562	OWNER	TRADER CONSTRUCTION		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE T HUFFMAN 2003 HYDES CORNER TRENT WOODS, NC 28562	CONTRACTOR	SELF		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NEDGELENA S JENNINGS PO BOX 12511 NEW BERN, NC 28561	ATTORNEY	JENNINGS LAW FIRM		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARC C JESSUP PO BOX 12890 NEW BERN, NC 28561	OWNER	MARC JESSUP INSURANCE		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL D JONES 1106 COUNTRY CLUB DR NEW BERN, NC 28562	OWNER	JE JONES LUMBER		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS A KELLIS II 1425 S GLENBURNIE RD #3 NEW BERN, NC 28562	ATTORNEY	THOMAS KELLIS LAW FIRM		$ 1,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/15/2014	$ 1,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROLE KEMP PO BOX 12425 NEW BERN, NC 28561	MANAGER	KEMP WAREHOUSE LLC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/12/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANN KIRBY 264 W ROCK CREEK ROAD NEW BERN, NC 28562	ATTORNEY	STATE OF NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 2,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RODNEY KNOWLES 175 HAWKS POND ROAD NEW BERN, NC 28562	SPECIAL AGENT	NC SBI		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/06/2014	$ 350.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHELE C KROEGER 5317 TRENT WOODS DR NEW BERN, NC 28562	TEACHER (RETIRED)	CRAVEN COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEVEN E LACY PO BOX 156 BAYBORO, NC 28515-0156	ATTORNEY	SELF		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 950.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARTHA LEONI 2404 TRAM ROAD NEW BERN, NC 28562	SCHOOLTEACHER (RETIRED)	CRAVEN COUNTY SCHOOLS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/12/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL J LEWELLYN 210 NYON CT NEW BERN, NC 28562				$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS JAY LIVINGSTON 4511 TENELLA RD TRENT WOODS, NC 28562				$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/12/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACK MASON 1480 STREETS FERRY ROAD VANCEBORO, NC 28586	CORRECTIONAL SARGENT	DPS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		09/19/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JANIE MASON 1480 STREETS FERRY ROAD VANCEBORO, NC 28586	NURSE MANAGER	VIDANT		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		09/19/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT L MATTOCKS II 5307 TRENT WOODS DR TRENT WOODS, NC 28562	REAL ESTATE	JGRO INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN MCCLELLAN 514 CRAVEN ST NEW BERN, NC 28560	ATTORNEY (RETIRED)	HARTFORD INSURANCE CO.		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEE MCCONNELL 1057 COLLETON WAY TRENT WOODS, NC 28562	MANAGER	LOWE'S HOME IMPROVEMENT WAREHOUSE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		09/26/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERICA MCFADYEN NC	PROJECT MANAGER	QUINTILES		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/05/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W DAVID MCFADYEN JR 608 MADAME MOORES LANE NEW BERN, NC 28562	ATTORNEY	MCFADYEN & VALENTINE		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/26/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY MCLEOD 238 C MIDDLE STREET NEW BERN, NC 28560	REAL ESTATE AGENT	KELLER WILLIAMS		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/18/2014	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLES T MCMULLIN 1018 LANDS END ROAD HAVELOCK, NC 28532	USMC (RETIRED)	USMC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		10/16/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA A MINSCHEW 4505 W FAIRWAY DR TRENT WOODS, NC 28562	HOUSEWIFE			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WG CHAMPION MITCHELL 3009 RIVER LANE NEW BERN, NC 28562	RETIRED CEO	NETWORKS SOLUTIONS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PETE T MONTE 1510 TRYON ROAD NEW BERN, NC 28562	OWNER	MONTE'S PRINTING		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH E MORRIS 103 YACHT CLUB ROAD NEW BERN, NC 28562	INSURANCE SALES	SELF		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERRY MORRIS 415 STREETS FERRY ROAD VANCEBORO, NC 28586	JIMMIE L MORRIS AND SONS, INC	OWNER		$ 750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 250.00
☐	1	Check		10/14/2014	$ 500.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JESSIE CORWIN MULLINEX 101 DASHER DR BEAUFORT, NC 28516	ATTORNEY	SELF		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/01/2014	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 1,450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD MURDOCH 309 DEACON CT HAVELOCK, NC	MARINE	USMC (RETIRED)		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/10/2014	$ 50.00
☐	1	Check		10/14/2014	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ASHLEY MURPHY 2005 GRENVILLE CT NEW BERN, NC 28562	RECEPTIONIST	ZANNIS CENTER FOR PLASTIC SURGERY		$ 650.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 650.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN W NUCKOLLS 124 ALLEN DRIVE NEW BERN, NC 28562	CEO	COASTAL CAROLINA HEALTH CARE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT NYBERG 4003 MKL BLVD NEW BERN, NC 28562	DENTIST	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLENE PASSOT 165 DUCKS WAY NEW BERN, NC 28562	HOMEMAKER	SELF		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/08/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NINAD PATEL 101 CHARLES ST HAVELOCK, NC 28532	OWNER	DRIVE THRU		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/01/2014	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,050.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEBORAH W PETERSON 4711 TRENT WOODS DRIVE TRENT WOODS, NC 28562	SELF EMPLOYED	PETERSON CONSTRUCTION		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN PETERSON 4711 TRENT WOODS DR TRENT WOODS, NC 28562	CONSTRUCTION	PETERSON CONSTRUCTION		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANDALL RAMSEY 530 SENSATION WEIGH BEAUFORT, NC 28516	OWNER	JARRETT BAY BOATWORKS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/30/2014	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BONNIE J REFINSKI-KNIGHT 624 EAST FRONT ST NEW BERN, NC 28560	ATTORNEY	HARRIS CREECH		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		10/11/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERNEST C RICHARDSON III 301 ABNER NASH DR NEW BERN, NC 28562	ATTORNEY	RICHARDSON LAW FIRM		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562	SALES	HEATCON		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MATTHEW SCHWAB 2318 OAKVIEW DR NEW BERN, NC 28562	RETIRED MARINE	US MILITARY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/04/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TAMMY M SELLHORN 5579 RIVER ROAD VANCEBORO, NC 28586				$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY SILVER 305 JOHNSON ST NEW BERN, NC 28560	REAL ESTATE AGENT	KELLER WILLIAMS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ASHLEY SMITH 1215 PINE VALLEY DRIVE NEW BERN, NC 28562	SCHOOL PRINCIPAL (RETIRED)	FLORIDA PUBLIC SCHOOLS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS STROUD 606 QUEEN ANNES ROAD GREENVILLE, NC 27858	BROKER	WELLS FARGO		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/11/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROL STUBBS 2403 HARBOR ISLAND ROAD NEW BERN, NC 28562	OFFICE MANAGER	STUBBS PERDUE PA		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/30/2014	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 1,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TRAWICK STUBBS JR PO BOX 1654 NEW BERN, NC 28563	ATTORNEY	STUBBS & PERDUE		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/30/2014	$ 1,000.00
☐	1	Check		10/01/2014	$ 500.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PENELOPE SULLIVAN 914 CROOKED CREEK DR NEW BERN, NC 28560	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/12/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LLOYD TAYLOR 1055 COLLETON WAY TRENT WOODS, NC 28562	OWNER	TLD COMPANIES		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 2,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RHETT TAYLOR 1700 STREETS FERRY ROAD VANCEBORO, NC 28586-8335	REAL ESTATE DEVELOPER	RCE PROPERTIES		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM W TAYLOR 504 LILLIPUT DR NEW BERN, NC 28562	ENGINEER	CIVIL SERVICE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ZACHARY TAYLOR 3529 COUNTRY CLUB ROAD TRENT WOODS, NC 28562	DEVELOPER	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/01/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHRYN L TUCKER 1812 RIVER DR NEW BERN, NC 28560	HOMEMAKER	HOMEMAKER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
T REED UNDERHILL 3910 COUNTRY CLUB ROAD TRENT WOODS, NC 28562	UROLOGIST	CAROLINAEAST UROLOGY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/06/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TONY VOGIATZIS 521 ALEXIS DR NEW BERN, NC 28562	OWNER	FAMOUS SUBS & PIZZA		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/14/2014	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN PERCY WETHERINGTON 119 N WEST ST PO BOX 698 DOVER, NC 28526	MAYOR	TOWN OF DOVER		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/08/2014	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT E WHITLEY JR 103 NEUSE LANDING DR NEW BERN, NC 28562	ATTORNEY	WHITLEY LAW FIRM		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		09/17/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOSHUA W WILLEY JR PO DRAWER 1638 NEW BERN, NC 28563	ATTORNEY	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/17/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JK WILLIAMS 3313 HIGHWAY 70 EAST NEW BERN, NC 28560	MANUFACTURERS REP	MARINE ACCESSORY BUSINESS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	3	Credit Card		09/29/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS R WILSON 1504 TRYON ROAD NEW BERN, NC 28560	ATTORNEY	GREEN WILSON		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/19/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN WOOD 2505 HICKORY ST NEW BERN, NC 28562	CIVIL SERVICE	DEPT. OF DEFENSE		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/08/2014	$ 30.00
☐	1	Check		09/08/2014	$ 30.00
☐					$

4. Total only this Page	$ 560.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 23,595.00

Other Receipt Sources

Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

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

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest ☐ Contributions from Not-for-Profit Organizations ☒ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
AMERICAN ASSOC. OF UNIVERSITY WOMEN 801 CLIPPER CT NEW BERN, NC 28560				$ 35.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		10/01/2014	$ 35.00
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
CRAVEN COUNTY REPUBLICAN MENS CLUB 1416 CARACARA DRIVE NEW BERN, NC 28560				$ 1,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		09/19/2014	$ 750.00
1	Check		10/16/2014	$ 250.00

5. Total only this Page	$ 1,035.00
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 1,035.00

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BEAR TOWNE TENTS 306 MADAME MOORES LANE NEW BERN, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	C	09/10/2014	$ 2,000.00	CHESNUTT/TELLIS FUNDRAISER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CAMPAIGN GENERAL PO BOX 2057 BEAUFORT, NC 28516		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 12,956.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	07/14/2014	$ 3,709.00	ELECTION CONSULTING
1	Check	O	08/20/2014	$ 1,747.00	CONSULTING

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CAMPAIGN GENERAL PO BOX 2057 BEAUFORT, NC 28516		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 12,956.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/08/2014	$ 7,500.00	TV ADVERTISING
				$	

5. Total only this Page	$ 14,956.00
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
RUFUS CARTER JR 112 ELLEN COURT HAVELOCK, NC 28532		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 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	09/09/2014	$ 200.00	CAMPAIGN TRANSPORT, SIGN REPAIR
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CRAVEN-PAMLICO CHRISTIAN COALITION PO BOX 15393 NEW BERN, NC 28561		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/06/2014	$ 500.00	SPONSORSHIP - BANQUET
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CTV 10 1308 S. GLENBURNIE ROAD NEW BERN, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	08/11/2014	$ 1,000.00	SPONSORSHIP HS FOOTBALL
				$	

5. Total only this Page	$ 1,700.00
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ENC NEWSPAPERS PAYMENT PROCESSING CENTER PO BOX 3003 JACKSONVILLE, NC 28541		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,439.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	09/23/2014	$ 1,439.00	NEWSPAPER ADS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GRAND RENTAL STATION 6195 US HWY 264W WASHINGTON, NC 27889		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 117.42

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	F	10/10/2014	$ 117.42	CHAIRS FOR EVENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GRAPHICS SHACK 981 HWY 70 E NEW BERN, NC 28562 (252) 636-3600		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 626.01

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	09/02/2014	$ 456.88	INVITATIONS
1	Check	B	09/23/2014	$ 169.13	INVITATIONS

5. Total only this Page	$ 2,182.43
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HAVELOCK CHAMBER OF COMMERCE PO BOX 21 HAVELOCK, NC 28532		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 350.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	07/14/2014	$ 250.00	SALUTE TO VETERANS SPONORSHIP
1	Check	O	09/16/2014	$ 100.00	VENDOR BOOTH-CHILI FESTIVAL

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FRED HUGHES 1037 COLLETON WAY TRENT WOODS, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 165.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/06/2014	$ 165.41	REIMBURSEMENT-PARA DE CANDY, LUMBER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SCOTT E JOHNSTON 1012 COLLETON WAY TRENT WOODS, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 531.93

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	10/10/2014	$ 531.93	CAMPAIGN SIGNS
				$	

5. Total only this Page	$ 1,047.34
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
KITE'S RED & WHITE SUPER MARKET 7928 MAIN ST VANCEBORO, NC 28586		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 535.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	09/19/2014	$ 535.82	PIGS - CHESTNUTT EVENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LAW OFFICE OF THOMAS A KELLIS 2129 S GLENBURNIE ROAD SUITE 14 NEW BERN, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	CO	09/16/2014	$ 300.00	WAIT STAFF-CHESTNUTT EVENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ROTARY CLUB OF NEW BERN PO BOX 818 NEW BERN, NC 28563		☐ Federal ☐ County: ☐ State ☐ 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	10/03/2014	$ 320.00	MUMFEST BANNERS
				$	

5. Total only this Page	$ 1,155.82
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SUN JOURNAL 3200 WELLONS BLVD NEW BERN, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,305.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/16/2014	$ 1,305.00	NEWSPAPER ADVERTISING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SWISS BEAR / MUMFEST 316 SOUTH FRONT STREET NEW BERN, NC 28560		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 235.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	08/13/2014	$ 235.00	MUMFEST BOOTH
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
UNITED MISSIONARY BAPTIST CHURCH PO BOX 12811 NEW BERN, NC 28561-2811		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 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	10/01/2014	$ 200.00	PROGRAM ADS
				$	

5. Total only this Page	$ 1,740.00
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
AARON WALLACE 1452 STREETS FERRY ROAD VANCEBORO, NC 28586		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	08/20/2014	$ 400.00	BUMPER
				$	STICKERS.SIGNAGE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 3,761.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	07/09/2014	$ 250.00	FUNDRAISING SVCS
1	Check	O	08/01/2014	$ 250.00	FUNDRAISING SVCS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 3,761.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	08/20/2014	$ 515.00	FUNDRAISING SERVICES
1	Check	IO	08/29/2014	$ 300.50	WINE FOR EVENT

5. Total only this Page	$ 1,715.50
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)*	$ 26,693.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

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

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,761.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	C	09/19/2014	$ 208.59	FLOWERS, BARTENDER FEE
1	Check	O	09/19/2014	$ 1,812.50	MONTHLY RETAINER / COMMISSION

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,761.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	CO	10/10/2014	$ 175.21	FUNDRAISING SVCS/EXPENSES
				$	

5. Total only this Page	$ 2,196.30
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)*	$ 26,693.39

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)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

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

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

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
☐ Add ☐ Remove	3	Draft	O	09/13/2014	$ 4.20	ONLINE DONATION FEE - BURELLE
☐ Add ☐ Remove	3	Draft	O	09/17/2014	$ 19.80	ONLINE DONATION FEE - WHITLEY
☐ Add ☐ Remove	3	Draft	O	09/18/2014	$ 6.15	ONLINE DONATION FEE - CAPSHAW
☐ Add ☐ Remove	3	Draft	O	09/26/2014	$ 4.20	ONLINE DONATION FEE - MCCONNELL
☐ Add ☐ Remove	3	Draft	O	09/29/2014	$ 10.05	ONLINE DONATION FEE - WILLIAMS
☐ Add ☐ Remove	3	Draft	O	10/05/2014	$ 10.05	ONLINE DONATION FEE - HANCHETTE
☐ Add ☐ Remove	3	Draft	O	10/11/2014	$ 4.20	ONLINE DONATION FEE-REFINSKI
☐ Add ☐ Remove	3	Draft	O	10/16/2014	$ 4.20	ONLINE DONATION FEE-MCMULLIN

4. Total only this Page	$ 62.85
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 62.85

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**