

Disclosure Report Cover

Amendment

Yes

No

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

1. Committee Information	
a. Full Name GEORGE S LINER JR	c. ID Number DCDULB
b. Mailing Address (include City, State and Zip Code) 203 CAMBRIDGE CT HAVERLOCK, NC 28532	d. Date Filed 20 OCT 14
	e. Phone Number 252 447 8898

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 7-1-2014	4. Period End Date (mm/dd/yy) 10-18-2014	5. Treasurer Full Name GEORGE S LINER JR
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Organizational
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Final
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Final
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<input type="checkbox"/> Annual
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	<input type="checkbox"/> Special
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name NAVY FEDERAL CREDIT UNION		a. Financial Institution Full Name	
b. Purpose ALL CAMPAIGN EXPENSES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 627.14		d. Period Begin Balance

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

GEORGE S LINER JR
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

20 OCT 14
Date

FOR OFFICE USE ONLY

Date Received: **OCT 21 2014** Employee: **[Signature]**

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

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

Detailed Summary

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) <i>Committee to Elect George S. Lipari</i>		2. Type of Report <i>3RD QTR</i>		3. ID Number <i>DDDUKRB</i>	
Start of Election Cycle: January 1, <i>2014</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>632.14</i>		\$ <i>0</i>	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <i>0</i>		\$ <i>250.00</i>	
6) Contributions from Individuals (CRO-1210)		\$ <i>3,240.11</i>		\$ <i>4,990</i>	
7) Contributions from Political Party Committees (CRO-1220)		\$ <i>0</i>		\$ <i>0</i>	
8) Contributions from Other Political Committees (CRO-1230)		\$ <i>0</i>		\$ <i>0</i>	
9) Loan Proceeds (CRO-1410)		\$ <i>0</i>		\$ <i>0</i>	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ <i>0</i>		\$ <i>0</i>	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ <i>0</i>		\$ <i>0</i>	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ <i>0</i>		\$ <i>0</i>	
11c) Outside Sources of Income (CRO-1250)		\$ <i>0</i>		\$ <i>0</i>	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ <i>0</i>		\$ <i>0</i>	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ <i>0</i>		\$ <i>0</i>	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <i>3,240</i>		\$ <i>5,240.00</i>	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <i>1,248.69</i>		\$ <i>2,606.55</i>	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ <i>0</i>		\$ <i>0</i>	
13c) Coordinated Party Expenditures (CRO-1310)		\$ <i>0</i>		\$ <i>0</i>	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ <i>0</i>		\$ <i>0</i>	
15) Loan Repayments (CRO-1420)		\$ <i>0</i>		\$ <i>0</i>	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ <i>0</i>		\$ <i>0</i>	
17) In-Kind Contributions (CRO-1510)		\$ <i>0</i>		\$ <i>0</i>	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>1,248.69</i>		\$ <i>2,606.55</i>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>2,633.45</i>		\$ <i>2,633.45</i>	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ <i>0</i>		\$ <i>0</i>	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ <i>0</i>		\$ <i>0</i>	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ <i>0</i>		\$ <i>0</i>	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ <i>0</i>		\$ <i>0</i>	
24) Account Transfers Within the Committee (CRO-1720)		\$ <i>0</i>		\$ <i>0</i>	
25) Administrative Support (CRO-1710)		\$ <i>0</i>		\$ <i>0</i>	
26) Forgiven Loans (CRO-1440)		\$ <i>0</i>		\$ <i>0</i>	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ <i>0</i>		\$ <i>0</i>	
28) Contributions to be Refunded (CRO-1215)		\$ <i>0</i>		\$ <i>0</i>	

OGT 21 2014

Contributions from Individuals

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	
COMMITTEE TO ELECT GEORGE S LIPPA						DCDU1B	
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	
MIKE HUDSON 101 GREEN CREEK DR HAVERLOCK, NC 28552				RETIRED			
				c. Employer's Name/Specific Field			
				MILITARY			
						e. Election Sum to Date	
						\$ 2,000	
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	Ø	7-8-2014	\$ 1,000		
<input checked="" type="checkbox"/>	1	CHECK	Ø	9-3-2014	\$ 1,000		
<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	
ALBIE PETRE 203 CAMBRIDGE CT HAVERLOCK, NC				CONTRACT SP.			
				c. Employer's Name/Specific Field			
				CIVIL SERVICE			
						e. Election Sum to Date	
						\$ 240	
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	Ø	8-12-2014	\$ 240		
<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	
FRANK MARMAROSE 307 WAHATTA RD NEW BERN, NC 28516				RETIRED			
				c. Employer's Name/Specific Field			
				MILITARY			
						e. Election Sum to Date	
						\$ 1,150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	1	CHECK	Ø	07-14-2014	\$ 250		
<input checked="" type="checkbox"/>	1	CHECK	Ø	09-19-2014	\$ 500		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,990	
5. Total of ALL CRO-1210 Pages						\$ 3,740.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

OCT 21 2014

Contributions from Individuals

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	
COMMITTEE TO ELECT GEORGE SHIRK						DCDUKJ	
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	
AL YOUNGER 810 SHIPPOIN AVE NEW BERN, NC 28560				RETIRED			
				c. Employer's Name/Specific Field			
				MILITARY			
				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 checked="" type="checkbox"/>	1	CHECK	Ø	09-06-2014		\$ 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	
BECK ILEY 110 SARDON LN HAYEKOCK, NC 28532				RETIRED			
				c. Employer's Name/Specific Field			
				MILITARY			
				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	Ø	10-13-2014		\$ 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	
JIM FREEMAN 107 SKI CT HAYEKOCK, NC 28532				RETIRED			
				c. Employer's Name/Specific Field			
				STATE GOVT.			
				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 checked="" type="checkbox"/>	1	CHECK	Ø	10-17-2014		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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)						\$ 3,240.00	

OCT 21 2014

Disbursements

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) <u>COMMITTEE TO ELECT GEORGE SLINER</u>					2. ID Number <u>ICD06B</u>	
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	
<u>WHITEHARTS EXPANDING</u> <u>235 W. MAIN ST</u> <u>HAVELOCK, NC 28537</u>						
			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:			
					\$ <u>169.55</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>CHECK</u>	<u>O</u>	<u>07-22-2014</u>	<u>\$ 128.00</u>	<u>HATS EMBRO.</u>	
<u>1</u>	<u>CASH</u>	<u>O</u>	<u>10-17-2014</u>	<u>\$ 12.81</u>	<u>EMBRO. SHIRT</u>	
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	
<u>STAPLES</u> <u>3230 MLK BLVD</u> <u>NEW BERN, NC 28562</u>						
			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:			
					\$ <u>119.27</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>CASH</u>	<u>K</u>	<u>08-08-2014</u>	<u>\$ 6.39</u>	<u>PAPER</u>	
<u>1</u>	<u>CHECK</u>	<u>K</u>	<u>10-10-2014</u>	<u>\$ 72.94</u>	<u>INK LABELS</u>	
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	
<u>COMPUTER RESOURCES</u> <u>110 LEASWORTH LN</u> <u>NEW BERN, NC 28562</u>						
			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:			
					\$ <u>275.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>CHECK</u>	<u>A</u>	<u>09-03-2014</u>	<u>\$ 275</u>	<u>ELECTRICAL BILLBOARD</u>	
5. Total only this Page					\$ <u>500.24</u>	
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)					\$ <u>1248.69</u>	
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

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) <u>COMMITTEE TO ELECT CHOICE SNIPE</u>					2. ID Number <u>JCDULB</u>
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) <u>A.G.E. GRAPHICS</u> <u>52231 STATE ROUTE 299</u> <u>LONG BOTTOM, OH</u> <u>45743</u>			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 \$ <u>970</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CHECK</u>	<u>B</u>	<u>09-23-2014</u>	<u>\$ 270</u>	<u>4x4 PASTO SIGNS</u>
<u>1</u>	<u>CHECK</u>	<u>B</u>	<u>09-30-2014</u>	<u>\$ 150</u>	<u>YARD SIGNS</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>LEWIS HOME CR</u> <u>5719 Hwy 70</u> <u>MOREHEAD CITY, NC</u> <u>28557</u>			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 \$ <u>158.32</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CHECK</u>	<u>O</u>	<u>09-09-2014</u>	<u>\$ 158.32</u>	<u>WOOD-MATERIAL FRAMES</u>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>CRABER, PAM LICO</u> <u>CHRISTIAN CAUTION</u>			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 \$ <u>40.00</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CHECK</u>	<u>O</u>	<u>09-15-2014</u>	<u>\$ 40</u>	<u>BALQUET</u>
5. Total only this Page					\$ <u>618.32</u>
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)					\$ <u>1248.69</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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
COMMITTEE TO ELECT GEORGE S. LIPER						DCD04B
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	
THE MARINE SHOP MCB CP LEJUNE, NC 28547						
			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:			
					\$ 15.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH	K	09-29-2014	\$ 15.40	CARDS - THANK YOU	
					\$	
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	
CARENDA TIDES FIRE STATION NEW BEAD, NC WOMENS AUX 28564						
			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:			
					\$ 65.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	O	09-30-2014	\$ 30.00	MEET - CREST	
					\$	
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	
TARGET HUNY TO NEW BEAD, NC 28564						
			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:			
					\$ 26.97	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH	O	10-17-2014	\$ 5.31	SODAS BEAT	
1	CASH	O	09-23-2014	\$ 9.99	CANDY CHILI FISH	
					\$	
5. Total only this Page						\$ 60.63
6. Total of ALL CRO-1310 Pages						\$ 1248.69
<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 (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT GEORGE SHIFER					DCDULB
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	
SAM'S CLUB 4240 CAROLINA HWY 11 WINTERVILLE, NC 28590					
		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:		\$ 37.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CASH	H	10-01-2014	\$ 37.50	GAS
				\$	
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	
RIVERDALE FUEL NEW BERN, NC 28562					
		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:		\$ 32.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CASH	H	09-13-2014	\$ 32.00	GAS
				\$	
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	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 69.50
6. Total of ALL CRO-1310 Pages					\$ 1248.69
<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 (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					