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	c. ID Number
Committee To Re-Elect Tom F Mark	ECDW22
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
5505 Blackbeard Lane New Bern, NC 28560 APR 22 2014	04/21/2014
	e. Phone Number
	(252) 635-6448

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	01/01/2014	04/20/2014	Wilfred R Chagnon

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building 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	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		11. Account Information a. Financial Institution Full Name	
BB&T			
b. Purpose	**c. Account Code**	**b. Purpose**	**c. Account Code**
Campaign Account For Receipts and Expenditures	1		
	d. Period Begin Balance		**d. Period Begin Balance**
	$ $1,125.41		$

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.

Wilfred R Chagnon		04/21/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	APR 22 2014	Employee:	
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

APR 22 2014

Amendment ☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Re-Elect Tom F Mark	Quarterly	ECDW22

Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1125.41	$ 7.51
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 0	$ 0
6) Contributions from Individuals	*(CRO-1210)*	$ 3860.00	$ 4260.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0	$ 0
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 100.00	$ 100.00
9) Loan Proceeds	*(CRO-1410)*	$ 0	$ 1000.00
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$ 0	$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0	$ 0
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$ 0	$ 0
11c) Outside Sources of Income	*(CRO-1250)*	$ 0	$ 0
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$ 0	$ 0
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0	$ 0
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 3960.00	$ 5360.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 915.26	$ 1197.36
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 250.00	$ 250.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0	$ 0
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 0	$ 0
15) Loan Repayments	*(CRO-1420)*	$ 1000.00	$ 1000.00
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$ 0	$ 0
17) In-Kind Contributions	*(CRO-1510)*	$ 0	$ 0
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 2165.26	$ 2447.36
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 2920.15	$ 2920.15
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0	
22) Debts and Obligations owed By the Committee	*(CRO-1610)*	$ 0	
23) Debts and Obligations owed To the Committee	*(CRO-1620)*	$ 0	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0	
25) Administrative Support	*(CRO-1710)*	$ 0	$ 0
26) Forgiven Loans	*(CRO-1440)*	$ 0	$ 0
27) 48-Hour Notice Reports Sum	*(CRO-2200)*	$ 0	$ 0
28) Contributions to be Refunded	*(CRO-1215)*	$ 0	$ 0

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECWD22

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
Rolf Maris 5502 Blackbeard Lane New Bern, NC 28560	Retired	Firemen		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/29/2014	$ 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
Wayne Strausbaugh 6002 Cardinal Dr New Bern, NC 28560 252-637-9327	Retired	US Navy		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/27/2014	$ 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
Bernard Teubet 1906 Harbourside Dr New Ber, NC 28560 252-636-6918	Retired	Engineer		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/27/2014	$ 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)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Giegel 5806 Gondolier Dr New Bern, NC 28560 252-637-5049	Retired	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		01/29/2014	$ 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
Everett Fuller 907 Muirfield PL New Bern, NC 28560 252-638-3981	Retired	CPA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 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
Leslie Bjork 904 Hawksbill CT New Bern, NC 28560 252-638-5019	Retired	Banker		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Edward Montesi 6025 Cassowary Lane New Bern, NC 28560 252-636-6206	Retired	Management		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/29/2014	$ 50.0
☐					$
☐					$

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
J.E Threlkeld 838 Pelican Dr New Bern, NC 28560	Retired	IBM		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 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 Shuck 6306 Gondolier Dr New Bern, NC 28560 252-638-6340	Retired	Reporter		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 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)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Janezeck 1315 Santa Lucia Rd New Bern, NC 28560	Retired	Sales		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/29/2014	$ 50.0
☐					$
☐					$

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 Tyson 4507 West Fairway Dr New Bern, NC 28562 252-670-5230	Realtor	Tyson Realtor		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/01/2014	$ 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
Waldeane Giacobbe 2122 Royal Pines Dr New Bern, NC 28560	Realtor	Realtor		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 50.00
☐					$
☐					$

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)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Ferranda 814 Bluebird Dr New Bern, NC 28560 252-636-2804	Retired	Fire Service		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/29/2014	$ 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
Bill Campbell 2142 Royal Pines Dr New Bern, NC 28562 252-670-5230	Marine Surveyor	WJ Campbell		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/01/2014	$ 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
Wally Curry 1112 Crows Nest Ct New Bern, NC 28560 252-636-5449	Retired	Management		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 20.00
☐					$
☐					$

4. Total only this Page	$ 195.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Joseph Schulties 1213 Petite Terre Court New Bern, NC 28560 252-633-0402	Retired	Designer		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/02/2014	$ 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
T. Dalton 1002 Yacht Ct New Bern, NC 28560 252-634-1736	Retired	Sales Management		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/26/2014	$ 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
Francis N. Pellegrini 2106 Royal Pines Dr New Bern, NC 28560 252-636-2878	Retired	Teacher		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 75.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Karen Meyer 1012 Harbour Pointe Dr New Bern, NC 28560 252-636-8723	Retired	Teacher		$ 35.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/29/2014	$ 35.00
☐					$
☐					$

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
Joseph Malone 6329 Albatross Dr New Bern, NC 28560 252-638-3892	Retired	Banker		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/01/2014	$ 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
Anne T Baker 814 Bluebird Dr New Bern, NC 28560 252-636-2804	Retired	Teacher		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/31/2014	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 110.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
E. Clement Graves 2023 Caracara Dr New Bern, NC 28560 252-638-1373	Retired	Business Owner		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/29/2014	$ 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
Ronald Helling 6102 Castleton CT New Bern, NC 28560 252-637-7395	Retired	Chemist		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/06/2014	$ 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 Naumann 41 Gables Rd New Bern, NC 28562 252-635-6669	Retired	CEO & Business Owner		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		0/0/2014	$ 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)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Ritchie 324 Plantation Dr, Havelock, NC 28532	Retired	US Air Force		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/07/2014	$ 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
Thomas Lelli 5008 Plymouth Ct New Bern, NC 28560	Retired	US Civil Service		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/10/2014	$ 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
Joseph Porter 5505 Blackbeard Lane New Bern, NC 28562 252-288-5233	Retired	Teacher		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/10/2014	$ 100.00
☐					$
☐					$

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)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Lawrence Engelhaupt 903 Delta Ct New Bern, NC 28560	Retired	Consultant		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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
Janet Maclaren 1107 Navidad Ct New Bern, NC 28560 252-288-4399	Retired	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		02/12/2014	$ 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
Bruce Hice 2058 Royal Pines Dr New Bern, NC 28562 252-638-3539	Retired	Builder		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/10/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Saggio 909 Caroline CT New Bern, NC 28560	Retired	Engineer		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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
Anotoinette King 1403 Mona Passage Ctt New Bern, NC 28560 252-633-1750	Retired	Reporter		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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
Robert Costa 6001 Cassowary Lane New Bern, NC 28562 252-638-6916	Retired	Liberian		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Bonner 912 Sawgrass CT New Bern, NC 28560 634-9698	Retired	Engineer		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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
Penelope Sullivan 914 Crooked Creek Dr New Bern, NC 28560 252-633-2272	Retired	Sales		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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 Ritchie 324 Plantation Dr New Bern, NC 28562 252-633-2396	Retired	Management		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 100.00
☐					$
☐					$

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)*	$ 3860.00

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Patti Mason 3209 Havenwood Ct Edgewater, MD 21037	Programmer	Engineer		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/15/2014	$ 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
Lawrence Knapp 915 Crooked Creek Dr New Bern, NC 28560 252-634-3018	Retired	Education Consultant		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 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
Judy Gurley 911 Hearthside Ct New Bern, NC 28560 252-633-5432	Retired	Self-Employed		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/13/2014	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 125.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Daniel Miller 2308 Caracara Dr New Bern, NC 28560 252-288-4900	Retired	HR Management		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/20/2014	$ 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
Bob Bruggeworth 907 Diamond Ct New Bern, NC 28560 252-636-2466	Retired	Verizon INC		$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/1/2014	$ 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
Katha Clark 903 Salt Cay New Bern, NC 28560 252-633-1085	Retired	Admin		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/28/2014	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 155.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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 Foglemen 109 Broad Creek Rd New Bern, NC 28560 252-637-5971	Retired	Engineer		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03/14/2014	$ 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
Don Knight 2214 Caracara Dr New Bern, NC 28560 252-514-0614	Retired	Military		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03/1/2014	$ 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
Robert Stewart 6331 Albatross Dr New Bern, NC 28560 252-635-6803				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03/15/2014	$ 100.00
☐					$
☐					$

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)*	$ 3860.00

Contributions from Individuals

APR 22 2014

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
Committee to Re-Elect Tom F Mark	ECDW22

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
Christine Skrotsky 5108 Bucco Reef Rd New Bern, NC 28560 252-514-0299	Retired	Banker		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03/15/2014	$ 300.0
☐					$
☐					$

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
Gerhard Muenchmeyer 6109 Felucca Ct New Bern, NC 28560	Consulant	Engineering		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		04/05/14	$ 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
Kenneth Plantin 907 Hawksbill CT New Bern, NC 28560	Retired	Teacher		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		04/06/14	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 475.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3860.00

Contributions from Other Political Committees

APR 22 2014

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Tom F Mark	ECDW22

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
John Bell Committee 501 Holland Hill Drive Goldsboro, NC 27530 919-344-6324	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	check		01/29/2014	$ 100.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 100.00

Loan Repayments

APR 22 2014

Amendment ☐ Yes ☒ No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Re-Elect Tom Mark	ECDW22

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
Tom F Mark 5504 Blackbeard's Lane New Bern, NC 28560 252-635-6448	
	c. Original Loan Date: 10/10/13
	d. Original Loan Amount: $ 1000.00

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$ 0	1	check	03/05/14	$ 1000.00
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date
	d. Original Loan Amount: $

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date
	d. Original Loan Amount: $

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

4. Total only this Page	$ 1000.00
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1000.00

Disbursements

APR 22 2014

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
Committee To Re-Elect Tom F Mark	ECDW22

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
The Graphic Shack 981 US HWY East New Bern, NC 28562 252-636-3601		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 363.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	01/24/2014	$156.46	Fundraising Letter
				$	

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 County GOP P.O Box 13466 New Bern, NC 28561		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 60.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	01/22/2014	$60.00	Ad in Reagan Day
				$	

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
Fairfield Harbour Recreation Center 105 Marina Rd New Bern, NC 28650		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	C	12/03/2013	$75.0	Fundraising venue
				$	

5. Total only this Page	$ 291.46
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)*	$ 915.26

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

APR 22 2014

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
Committee To Re-Elect Tom F Mark	ECDW22

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
Staples 3230 MLK Blvd New Bern, NC 28562 252-637-6867		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 97.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	02/13/14	$15.24	Adm. Supplies
1	check	K	03/06/14	$82.71	Printer Ink Env

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
USPS Main Station New Bern, NC 28565 800-275-8777		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 28.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	I	02/14/2014	$28.85	
				$	

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
Food Lion HWY 55 New Bern, NC 28562		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 8.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	02/13/2014	$8.75	Fundraiser Ice
				$	

5. Total only this Page	$ 135.55
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)*	$ 915.26

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

APR 22 2014

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
Committee To Re-Elect Tom F Mark	ECDW22

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
Wal-Mart 3105 MLK Blvd New Bern, NC 28562 252-637-6699		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 201.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	C	02/06/14	$185.75	Fundraising Food
1	Check	C	02/12/14	$15.72	Fundraiser Food

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
Harris-Teeter 2019 Glenburnie Rd New Bern, NC 28562 252-514-0060		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 21.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	C	02/06/2014	$21.34	Fundraising Food
				$	

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 County 406 Craven St New Bern, NC 28562 252-636-6687		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 115.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	H	02/10/2014	$115.44	Filing Fee
				$	

5. Total only this Page	$ 338.25
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)*	$ 915.26

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

APR 22 2014

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
Committee To Re-Elect Tom F Mark	ECDW22

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
Navy League of the US ATTN: Bob Gillham New Bern, NC 28562 252-637-6345		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	03/17/14	$75.00	Golf Hole Sponsorship
				$	

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
Neuse Sunrise Rotary Club PO Box 421 Bridgeton, NC, 28519		☐ Federal ☐ County: ☐ State ☐ Municipality:	Golf Hole Sponsorship	$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	03/17/2014	$75.00	
				$	

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
		☐ Federal ☐ County: ☐ State ☐ 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	$ 150.00
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)*	$ 915.26

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

APR 22 2014

Pg 1 of 1

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
Committee To Re-Elect Tom F Mark	ECDW22

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
John Bell Committee 501 Holland Hill Drive Goldsboro, NC 27530 919-344-6324		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	D	04/15/2014	$100.00	
				$	

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
Citizens For Norman Sanderson 269 Bennett Rd Arapahoe, NC 28510		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	D	03/22/2014	$75.00	
				$	

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
Committee to Elect Michael Speciale 803 Stately Pines Rd New Bern, NC 28560		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	D	03/22/2014	$75.00	
				$	

5. Total only this Page	$ 250.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 250.00

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)**