

BS 3-22-11

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

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

Committee Information		c. ID Number
a. Full Name Committee to Elect Sampson		32-0301963
b. Mailing Address (include City, State and Zip Code) Johnnie Sampson, Jr. 1038 North Sampson St New Bern NC - 28560		d. Date Filed 1-3-2011
		e. Phone Number (252)636-0791

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 10-17-10	4. Period End Date (mm/dd/yy) 12-31-10	5. Treasurer Full Name Barbara Jean Sampson
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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	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code 1	b. Purpose Campaign	c. Account Code
	d. Period Begin Balance \$ 1724.28	COPY	
		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.

Barbara J. Sampson
Printed Name of Signer

Barbara J. Sampson
Signature of Appointed Treasurer

1-31-2011
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

B8 3-22-11

Amendment
 Yes No

Detailed Summary

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 Elect Sampson		4th Quarter		320301963	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1478.48		\$ 1478.48	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$ 1475.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$		\$ 1475.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1709.48		\$ 1856.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1709.48		\$ 1856.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -231.00		\$ -231.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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): **Committee to Elect Sampson** ID Number: **32-0301963**

2. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement):
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

3. Payee Information (Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip): **Johnnie Sampson, III
214 Pollock Street
New Bern NC, 28560
(252) 715-7861**
 b. Coordinated Committee Name:
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments:
 e. Election Sum to Date: **\$ 600.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	Campaign	11-11-10	\$ 600.00	Cooking
				\$	

3. Payee Information (Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip): **Betty Sampson
1036 Hix Sampson St
New Bern NC 28560
(252) 636-0791**
 b. Coordinated Committee Name:
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments:
 e. Election Sum to Date: **\$ 120.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	Campaign	11-2-10	\$ 120.00	Handouts
				\$	

3. Payee Information (Add Remove
 a. Full Name, Mailing Address & Phone (include city, state, & zip): **Ethel Sampson
1038 North Sampson St
New Bern, NC 28560**
 b. Coordinated Committee Name:
 c. Level Registered (Specify):
 Federal County:
 State Municipality:
 d. Comments: **120.00**
 e. Election Sum to Date: **\$**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	Campaign	11-9-10	\$ 120.00	Handouts
				\$	

5. Total only this Page: **\$ 840.00**

6. Total of ALL CRO-1100 Page:
 (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)
\$ 1700.00

7. Purpose Codes (Use detailed expenditure code in (h) above):
 A* - Media B* - Printing C* - Fundraising D - To Another Candidate
 E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses
 I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund
 O* - Other

COPY

COPY

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
Committee to Elect Sampson						32-0301969
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Robert Morgan						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	Campaign	11-2-10	\$ 170.00	Delivery	
				\$		
5. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Barbara Sampson 2-143 Craven Terrace New Bern, NC 28560 (252)						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	Campaign	11-2-10	\$ 69.48	Treasurer	
				\$		
6. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Agantha Simmons						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	Campaign	11-8-10	\$ 120.00	Handouts	
				\$		
7. Total only this Page						\$ 309.48
8. Total of ALL CRO-1310 Pages						\$ 1709.48
9. Purpose Code(s) <i>(Use detailed expenditure code in (h) (above)</i>						
A* - Media	B* - Printing	C* - Fundraising		D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses		O* - Donation to Legal Expense Fund		
O* - Other						
10. Codes require detailed explanation in the full 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 funds applicable)	2. ID Number
Committee to Elect Simpson	32-0301963

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	
Leroy Simmons 610 Watson Avenue New Bern, NC 28560		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	Campaign	11-2-10	\$100.00	Precinct Watcher
				\$	

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	Campaign	11-2-10	\$60.00	Caller
				\$	

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	Campaign	11-2-10	\$60.00	Caller
				\$	

5. Total only this Page	\$ 220.00
6. Total of ALL CRO-1310 Pages	\$ 1709.48

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

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

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

8. 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) **Committee to Elect Sampson** 2. ID Number **37-030963**

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) **Troy Taylor
1036 North Sampson St
New Bern NC 28560**
b. Coordinated Committee Name
c. Level Registered (Specify) Federal County: State Municipality:
d. Comments
e. Election Sum to Date **\$120.00**

f. Account Code **1** g. Form of Payment **Check** h. Purpose Code **Campaign** i. Date (mm/dd/yyyy) **11-2-10** j. Amount **\$120.00** k. Required Remarks **Handouts**

4. Payee Information Add Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) **Ramona Wade**
b. Coordinated Committee Name
c. Level Registered (Specify) Federal County: State Municipality:
d. Comments
e. Election Sum to Date **\$120.00**

f. Account Code **1** g. Form of Payment **Check** h. Purpose Code **Campaign** i. Date (mm/dd/yyyy) **11-2-10** j. Amount **\$120.00** k. Required Remarks **Handouts**

4. Payee Information Add Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) **Kathryn Simmons**
b. Coordinated Committee Name
c. Level Registered (Specify) Federal County: State Municipality:
d. Comments
e. Election Sum to Date **\$100.00**

f. Account Code **1** g. Form of Payment **Check** h. Purpose Code **Campaign** i. Date (mm/dd/yyyy) **11-2-10** j. Amount **\$100.00** k. Required Remarks **Door Knocks**

5. Total only this Page **\$340.00**

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) **\$1709.48**

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