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
Johnnie Ray Kinsey Alderman ward 4	DCD7HO
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
824 Halifax New Bern, NC 28562	10/27/2009
	e. Phone Number
	252-638-5805

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	7/23/09	10/27/09	George Newkirk

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

0

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	

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
WACHOVIA		expenses	1
			d. Period Begin Balance
			$ 250.00

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
7			
			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 Newkirk	G. Newkirk	10-27-09
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ 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.

RECEIVED OCT 28 2009 BY: N Davenport

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
JOHNNIE RAY KINSEY ALDERMAN WARD 4	PRE RUN OFF	DCD7HO

Start of Election Cycle: January 1, 2009		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 250.00	$ 250.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 150.00	$ 150.00
6) Contributions from Individuals	*(CRO-1210)*	$ 5070.00	$ 5070.00
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)*	$	$
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 5220.00	$ 522.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 3780.36	$ 3780.36
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)*		$ 3780.36	$ 3780.36
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 1689.64	$ 1689.64
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-2200)*	$ 2000.00	$ 2000.00
28) Contributions to be Refunded	*(CRO-1215)*	$	$

Aggregated Contributions from Individuals

Page 1 of 1 Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Johnnie Ray Kinsey Alderman Ward 4	DCD7H0

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		8/7/09	$ 25.00
☐ Add ☐ Remove	1	Check		8/7/09	$ 25.00
☐ Add ☐ Remove	1	Check		8/29/09	$ 50.00
☐ Add ☐ Remove	1	Cash		10/27/09	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 150.00

Contributions from Individuals

Pg 1 of ~~8~~ 7 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
Johnnie Ray Kinsey Alderman Ward 4	DCD 740

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
Atlantic Color Limited, INC P.O. Box 751 Pleasantville, NJ 08232 Mr. Bill Cradle		Atlantic Color Limited, INC		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/17/2009	$ 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
Judy C. Morton G. Michael Morton 4805 Meadow Court Dr. New Bern, NC 28562 670-5550	House Wife			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08/04/2009	$ 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
Andrew Davidson M.D. P.O. Box 12568 New Bern, N.C. 28561-2568 514-2155	doctor	self employ		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08/09/2009	$ 100.00
☐					$
☐					$

4. Total only this Page $ 425.00 ~~450.00~~

5. Total of ALL CRO-1210 Pages $ ~~3070.00~~ 3070.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 2 of ~~16~~ 7 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): Johnnie Ray Kinsey Alderman Ward 4

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Trawick H. Stubbs, Jr. PO Box 1654 New Bern, NC 28563 633-2700

b. Job Title/Profession: Lawyer

c. Employer's Name/Specific Field: Stubbs & Perdue

d. Comments:

e. Election Sum to Date: $ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		07/13/2009	$ 250.00
☐	1	Check		09/28/2009	$ 250.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Barker 638-1901 PO Box 1339 New Bern, NC 28563

b. Job Title/Profession: Lawyer

c. Employer's Name/Specific Field: Bill Barker Attorney at Law

d. Comments:

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
☐	1	Check		10/01/2009	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): John A. Ward 1400 Green Springs Rd. New Bern, NC 28560 633-4378

b. Job Title/Profession: Lawyer

c. Employer's Name/Specific Field: John A Ward Attorney at Law

d. Comments:

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
☐	1	Check		08/11/2009	$ 200.00
☐					$
☐					$

4. Total only this Page $ 800.00

5. Total of ALL CRO-1210 Pages $ ~~3,070.00~~ 5070.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 3 of ~~8~~ 7 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
Johnnie Ray Kinsey Alderman Ward 4	DCD7H0

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 H. Beckwith, M.D. 112 John Hawks Pond Rd New Bern, N.C. 28562 919-633-4431	doctor	George H. Beckwith M.D.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08/12/2009	$ 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
Deborah P. Kilgore, DDS, PLLC 1312 Commerce Dr. New Bern, N.C. 28562 252-637-1919	doctor / dentist	Deborah P. Kilgore, DDS, PLLC self employ		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		07/23/2009	$ 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
Todd H. Rankin, DDS, PA 608 McCarthy Blvd New Bern, N.C. 28562 252-636-1900	doctor / dentist	Todd H. Rankin, DDS, PA self employ		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		07/27/2009	$ 100.00
☐					$
☐					$

4. Total only this Page $ 400.00

5. Total of ALL CRO-1210 Pages $ ~~3,070.00~~ 5070.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 4 of ~~8~~ 7 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
Johnnie Ray Kinsey Alderman Ward 4	DCD7H0

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 Rd New Bern, N.C 28566 244-5866	Land Develope	Island Creek Land company LLC		$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		09/04/2009	$ 120.00
☐					$
☐					$

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
Arthur Milton Silver 790 Cardinal Rd New Bern, N.C. 252-637-5412	builder	self employ		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		09/02/2009	$ 300.00
☐					$
☐					$

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
Nancy R. Stallings 20 Batts Hill Rd New Bern, N.C. 28562 633-5923	Realtor	Century 21		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08/31/2009	$ 100.00
☐					$
☐					$

4. Total only this Page $ 520.00

5. Total of ALL CRO-1210 Pages $ ~~3070.00~~ 5070.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 5 of ~~6~~ 7 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
Johnnie Ray Kinsey Aldeeman Ward 4	DCD7H0

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 or Carol J. Mattocks 5307 Trentwoods Dr. New Bern, NC 28562 633-6644	Wachovia Director	Wachovia		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		09/18/2009	$ 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
Scheper and Associates, INC 3940 US Highway 70 East New Bern, NC 28560 252-637-9770	builder	Scheper and Associates 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		08/06/2009	$ 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
David L. Ward Jr 3401 Country Club Rd. New Bern, NC 28560 637-5543	Attorney at Law	Attorney at Law		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08/10/2009	$ 250.00
☐					$
☐					$

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)*	$ ~~3,070.00~~ 5070.00

Contributions from Individuals

Pg ~~5~~ 6 of ~~6~~ 7 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
Johnnie Ray Kinsey Alderman Ward 4	DCD 7H0

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 Heid 2111 Neuse Blvd New Bern NC 28562 638-4500	MD	Carolina Craniospinal Neurosurgery		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08/28/2009	$ 250.
☐					$
☐					$

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
Teamus A. Davis 110 Derby Park Ave New Bern, NC 28562 633-0179	Retired			$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		09/25/2009	$ 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
~~Island Creek Land Company LLC~~		~~Island Creek Land Company, LLC~~		$ ~~300.00~~

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	~~1~~	~~check~~		~~08/28/2009~~	$ ~~300.00~~
☐					$
☐					$

4. Total only this Page $ 325.00 ~~625.00~~

5. Total of ALL CRO-1210 Pages $ 3,370.00 ~~2,795.00~~ 5070.00 ~~3070.00~~

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 7 of 7 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
Johnnie Ray Kinsey Alderman Ward 4	DCD 740

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
Patrick Owen McCullough 4315 Country Club Rd. New Bern, NC 28562 670-2430	Developer	Self		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10/09/2009	$ 2,000.00
☐					$
☐					$

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
				$

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

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
				$

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

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)*	$ 5,070.00

Disbursements

Pg 1 of 4 | 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
Johnnie Ray Kinsey Alderman Ward 4	DCD 740

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
Dawn Baldwin Gibson 354 Fisher Rd. Merritt, NC 28556 252-745-3930		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 1,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	10/20/2009	$ 1,500.00	
				$	

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
aggregated non-media expenditure		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 70.52

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check card	K	08/04/2009	$ 70.52	Food
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level	d. Comments	e. Date
Bender Apparel & Signs, Inc 1841 OCD Airport Rd. New Bern, NC 28562 252-637-1100		☐ ☐		96

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	k. Remarks
1	check card	A	08	Tshirts
1	check card	A	09	

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operatin

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib t

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordina

36

3 of 4
Received Today
NO 10-28-09

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**	**O* - Other**

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

RECEIVED
OCT 28 2009
BY: N Davenport

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): Johnnie Ray Kinsey Alderman Ward 4

2. ID Number: DCD7140

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): aggregated non-media

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality:

d. Comments:

e. Election Sum to Date: $ 42.18

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check card	K	10/24/2009	$ 13.58	Food
1	Check card	K	10/06/2009	$ 28.60	Food

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): aggregated non-media

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality:

d. Comments:

e. Election Sum to Date: $ 120.17

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check card	K	09/20/2009	$ 69.39	Food
1	Check card	K	10/25/2009	$ 50.78	Food

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): aggregated non media

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality:

d. Comments:

e. Election Sum to Date: $ 89.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check card	K	10/06/2009	$ 89.35	Food
				$	

5. Total only this Page $ 251.70

6. Total of ALL CRO-1310 Pages $ 3,780.36

(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 (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**	**O* - Other**

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

Disbursements

Pg 3 of 4 | 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
Johnnie Ray Kinsey Alderman Ward 4	DCD7H0

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
aggregated non media		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 98.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	checkcard	O	09/06/2009	$ 41.91	fuel
1	checkcard	O	09/14/2009	$ 56.50	fuel

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
aggregated non-media		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 130.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check card	O	09/27/2009	$ 56.30	fuel
1	check card	O	10/06/2009	$ 74.48	

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
aggregated non-media		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 90.48

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	checkcard	O	10/05/2009	$ 31.68	fuel
1	check card	O	10/21/2009	$ 58.80	fuel

5. Total only this Page $ 319.67

6. Total of ALL CRO-1310 Pages $ 3,780.36

(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 (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**	**O* - Other**

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

Disbursements

Pg 4 of 4 | 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
Johnnie Ray Kinsey Alderman Ward 4	DCD7HO

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 Martin Luther King Blvd. New Bern, NC 28562 252.637.6867		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 52.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	~~A~~ checkcard	F	09/15/2009	$ ~~52.78~~ 24.99	answering machine
1	checkcard	B	09/15/2009	$ 23.99	Ink

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
Dynamic Direct.com, Inc 6004 Wiley St. Hollywood Fl. 33023 866.585.0965		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 352.73

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check card	~~B~~ A	10/23/2009	$ 352.73	Pamphlets
				$	

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 $ 405.51

6. Total of ALL CRO-1310 Pages $ 3,780.36

(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 (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**	**O* - Other**

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

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BY: