

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Committee to Elect Sampson	c. ID Number CCDB83
b. Mailing Address (include City, State and Zip Code) 1038 Sampson Street New Bern NC 28560	d. Date Filed
	e. Phone Number (252)636-0791

2. Report Year	3. Period Start Date (mm/dd/yy) 3-18-14	4. Period End Date (mm/dd/yy) 4-19-14	5. Treasurer Full Name
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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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	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
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		12. Account Information	
a. Financial Institution Full Name First Citizens Bank	a. Financial Institution Full Name	b. Purpose Campaign	c. Account Code 01
b. Purpose	c. Account Code	d. Period Begin Balance \$ 777.05	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 **Barbara J. Sampson** _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **APR 28 2014** Employee: **LL**

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

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Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 777.05		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 730.00		\$ 730.00	
6) Contributions from Individuals (CRO-1210)		\$ 800.00		\$ 800.00	
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)		\$ 1530.00		\$ 1530.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 799.00		\$ 799.00	
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)		\$ 250.00		\$ 250.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1049.00		\$ 1049.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2057.05		\$ 2057.05	
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)		\$		\$	

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Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Sampson						CCDB83	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Moore's Old Tyme Barbeque P.O. Box 15061 Highway 17 South New Bern NC 28561 / (252) 638-3937						Dinner	
				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:		\$ 760.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	3-27-14	\$ 760.50			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
April Lancaster 200 Lilliana Court New Bern NC 28562 (252) 617-0379						Table cloths, flowers Balloons, etc	
				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:		\$ 28.09	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	C	3-28-14	\$ 28.09			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Johnnie Sampson, Jr 1038 Sampson Street New Bern NC 28560 (252) 636-0791						Copies	
				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:		\$ 10.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	4-10-14	\$ 10.41			
				\$			
5. Total only this Page						\$ 799.00	
6. Total of ALL CRO-1310 Pages						\$ 799.00	
(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		Q* - Donation to Legal Expense Fund	
O* Other							
Codes require detailed explanation in required remarks field (k)							

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Contributions from Individuals

Pg 1 of 2 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 Elect Sampson					CCNB83	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
The Food Palace (Barbara Lee) 806 Queen Street New Bern NC 28560 (252) 638-6387			Owner			
			c. Employer's Name/Specific Field			
			Cook			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		3-29-14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Leroy Simmons 610 Watson Avenue New Bern NC 28560 (252) 633-9454						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		3-20-14	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
J. Ronald Jacqueline May 302 Wexford Pl New Bern NC 28562-7104 (252) 633-8111			Doctor			
			c. Employer's Name/Specific Field			
			Carolina East Medical Center		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		3-29-14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 800.00	

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Contributions from Individuals

Pg 2 of 2

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																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																														
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments																									
Bettye Green 2906 Dare Ct New Bern NC 28562 (252) 677-6388			Co-Pastor																											
			c. Employer's Name/Specific Field																											
			Holy Assembly																											
			e. Election Sum to Date		\$ 75.00																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> <td>3-26-14</td> <td>\$ 75.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>							f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	01	Check		3-26-14	\$ 75.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																									
<input type="checkbox"/>	01	Check		3-26-14	\$ 75.00																									
<input type="checkbox"/>					\$																									
<input type="checkbox"/>					\$																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																														
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments																									
Charlie Simmons 2218 Tuscarora-Rhems Rd New Bern NC 28562 (252) 671-3968			School Teacher																											
			c. Employer's Name/Specific Field																											
			Retired																											
			e. Election Sum to Date		\$ 125.00																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> <td>3-26-14</td> <td>\$ 125.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>							f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	01	Check		3-26-14	\$ 125.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																									
<input type="checkbox"/>	01	Check		3-26-14	\$ 125.00																									
<input type="checkbox"/>					\$																									
<input type="checkbox"/>					\$																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																														
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments																									
Billy C. Smith, Sr. 1403 Laurel Street New Bern, NC 28560 (252) 637-7473			Pastor																											
			c. Employer's Name/Specific Field																											
			Faith Revival Baptist Church																											
			e. Election Sum to Date		\$ 150.00																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> <td>3-29-14</td> <td>\$ 150.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>							f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	01	Check		3-29-14	\$ 150.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																									
<input type="checkbox"/>	01	Check		3-29-14	\$ 150.00																									
<input type="checkbox"/>					\$																									
<input type="checkbox"/>					\$																									
4. Total only this Page					\$ 350.00																									
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 800.00																									

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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	
Committee to Elect Sampson					CCDB83	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-18-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-18-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-20-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-20-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	check		3-18-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-20-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-20-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-26-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-26-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-26-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-27-14	\$ 10.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-27-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-29-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-29-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-29-14	\$ 10.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Check		3-31-14	\$ 5.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		3-31-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		4-1-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		4-1-14	\$ 25.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		4-1-14	\$ 50.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		4-2-14	\$ 40.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Cash		4-2-14	\$ 40.00	
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove	01	Money Order		4-7-14	\$ 25.00	
4. Total only this Page					\$ 730.00	
5. Total of ALL CRO-1205 Pages					\$ 730.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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In-Kind Contributions

Pg 1 of 1 Amendment Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Sampson		CCDB83
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Jimmy Dillahunt 1226 Broad Street New Bern, NC 28560 (252) 670-1343	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Fundraiser
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Use room for fundraiser dinner	3-29-14	\$ 250.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 250.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 250.00