

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 A BETTER WAY TO PAY | c. ID Number 33-1183881 |
| b. Mailing Address (include City, State and Zip Code) 339 Olde Point Road Hampstead, NC 28443 | d. Date Filed 01/07/2009 |
| | e. Phone Number 910-270-1991 |

| | | | |
|-------------------------------|--|---------------------------------------|--|
| 1. Report Year 2008 | 2. Period Beginning 07/01/2008 | 3. Period Ending 12/31/2008 | 4. Treasurer Kathy Teer Crumpler |
|-------------------------------|--|---------------------------------------|--|

| | | | | | | |
|--|--|---|--|---|--|---|
| <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Party <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input checked="" type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special |
| 7. Type of Fund (If applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | | | | | |
| 8. Number of Funds 0 | | | | | | |

| | | | |
|---|--|---|--------------------------------------|
| a. Financial Institution Full Name Cape Fear Bank | | a. Financial Institution Full Name | |
| b. Purpose support Land transfer tax referendum | c. Account Code RC-1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 38.19 | | 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.

Kathy Teer Crumpler

Printed Name of Signer

Kathy J. Crumpler
Signature of Appointed Treasurer

01/07/2009

Date

FOR OFFICE USE ONLY

Date Received: 1/12/09

Employee: DB

Date Postmarked: _____

Employee: (Signature)

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.

Detailed Summary

Amendment
 Yes No

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

| I. Committee Name | | II. Type of Report | | III. ID Number | |
|--|--|-----------------------------|--|---------------------------|--|
| A BETTER WAY TO PAY | | FINAL | | 33-1183881 | |
| Start of Election Cycle: January 1, <u>2007</u> | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 38.19 | | \$ | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | | \$ 0 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 0 | | \$ 0 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0 | | \$ 0 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0 | | \$ 0 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0 | | \$ 0 | |
| 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) | | \$ 0 | | \$ 0 | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 38.19 | | \$ 38.19 | |
| 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) | | \$ 38.19 | | \$ 38.19 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0 | | \$ 0 | |
| 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) | | \$ | | \$ | |
| 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) | | | | | 2. ID Number |
| A BETTER WAY TO PAY | | | | | 33-1183881 |
| 3. Type of Disbursement | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Lorrie Luhring 339 Olde Point Road Hampstead, NC 28443 910-270-1991 | | | | | |
| | | 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 |
| RC-1 | check | A | 11/10/2008 | \$ 38.19 | accepted as final payment |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| | | | | | \$ |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 38.19 |
| 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 separate sheet

