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
A Better Way to Pay	33-1183881
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
389 Olde Point Loop Rd Hampstead, NC 28443	11/14/07
	e. Phone Number
	910 270 1991

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	10/23/07	11/14/2007	Kathy Tee Crumpler

6. Type of Committee (Check One)

- ☐ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☒ Referendum

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

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 Plus	☒ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ 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: Cape Fear Bank

b. Purpose	c. Account Code	d. Period Begin Balance
To support Land Transfer Tax Referendum	RC-1	$ 1,350.00

11. Account Information

a. Financial Institution Full Name:

b. Purpose	c. Account Code	d. Period Begin Balance
		$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

Kathy T. Crumpler	Kathy T. Crumpler	12/07/07
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

REC'D DEC 07 2007

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.

REC'D DEC 07 2007

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	2. ID Number
A Better Way to Pay	Final (10 day post)	33-1183881

Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,350.00	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 2,135.00	$ 3,485.00
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)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 2,135.00	$ 3,485.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1,674.81	$ 1,674.81
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Loan Repayments	(CRO-1420)	$	$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 937.00	$ 937.00
16) In-Kind Contributions	(CRO-1510)	$ 835.00	$ 835.00
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 3,446.81	$ 3,446.81
18) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 17)*		$ 38.19	$ 38.19
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
21) Debts and Obligations owed By the Committee	(CRO-1610)	$ 98.00	
22) Debts and Obligations owed To the Committee	(CRO-1620)	$	
23) Account Transfers Within the Committee	(CRO-1720)	$	
24) Administrative Support	(CRO-1710)	$	$
25) Forgiven Loans	(CRO-1440)	$	$
26) 48-Hour Notice Reports Sum		$	$

RECD DEC 07 2007

Contributions from Individuals

Pg 1 of 3 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
A Better Way to Pay	33-1183881

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
Lorrie Luhring 339 Olde Point Loop Rd Hampstead, NC 28443 910-270-1991	homemaker			$ 935.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		10/29/2007	$ 100.00
☐	RC-1	credit card	printing	10/29/2007	$ 14.00
☐	RC-1	Credit card	voice ads	10/02/2007	$ 821.00

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
Kathy T. Crumpler 1851 Kings Landing Rd Hampstead, NC 28443 910 270-2935	Health Education Specialist	Self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		10/29/2007	$ 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
Jimmy Tate 5500 NC Hwy 11 Willard, NC 28470 910 962-2260	education	UNC-Wilmington		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	cash		11/01/2007	$ 50.00
☐	RC-1	cash		11/05/2007	$ 50.00
☐					$

4. Total only this Page $ 1,135.00

5. Total of ALL CRO-1210 Pages $ 2,135.00

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

RECEIVED NOV 07 2007

Contributions from Individuals

Pg 2 of 3 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
A Better Way to Pay	33-1183881

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 J. Roper 805 Eastwood Court Burgaw, NC 28425 910 259-9777	realtor	Realty World		$ 650.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		11/01/2007	$ 500.00
☐	RC-1	check		11/13/2007	$ 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
Norwood Blanchard PO Box 1425 Burgaw, NC 28425 910-259-2003	retired			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		11/01/2007	$ 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
Franklin D. Rivenbark PO Box 157 Burgaw, NC 28425				$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		11/02/2007	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,135.00

RECD DEC 07 2007

Contributions from Individuals

Pg 3 of 3 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
A Better Way to Pay	33-1183881

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
Carl W. Thurman III 477 Old Town Creek Road Leland, NC 28451	lawyer			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		11/06/2007	$ 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
Kenneth Lanier 2775 NC Hwy 50 Maple Hill, NC 28454	business owner	self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		11/13/2007	$ 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
Robin Williams 240 Doral Drive Hampstead, NC 28443	paralegal			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	RC-1	check		11/13/2007	$ 100.00
☐					$
☐					$

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)*	$ 2,135.00

RECD DEC 07 2007

In-Kind Contributions

Pg 1 of 1 | Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable)	2. ID Number
A Better Way to Pay	33-1183881

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Lorrie Luhring 339 Olde Point Loop Rd Hampstead, NC 28443 910-270-1991	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	used credit card for payments d. Election Sum to Date: $ 835.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Phone Ad - EZ Leads - Greetings	11/02/2007	$ 98.00
Phone Ad - XM Voice (Zip Code lists)	11/02/2007	$ 98.00
Phone Ad - XM Voice - 25,000 calls	11/02/2007	$ 625.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Lorrie Luhring (see above)	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ (see above)

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printing Flyers	10/18/2007	$ 14.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 835.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 835.00

Disbursements

Pg 1 of 2 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
A Better Way to Pay	33-1183881

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
Thread FX 20184 US Hwy 17N Hampstead, NC 28443 910-270-5031		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 1,034.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RC-1	check	signs/A	10/22/07	$ 800.63	yard signs
RC-1	check	A	11/07/2007	$233.78	t-shirts

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
Pende-Post P.O. Box 955 Burgaw, NC 28443 910 259-9111/270-5055		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 193.70

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RC-1	check	A	10/29/2007	$ 193.70	1/4 news ad
				$	

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
Topsail Voice 14874 US Hwy 17 N Hampstead, NC 28443 910-270-2944		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 229.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RC-1	check	A	10/29/2007	$ 229.20	1/4 News ad
				$	

5. Total only this Page $ 1,457.31

6. Total of ALL CRO-1310 Pages $ 1,674.81

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c 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

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

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
Pender Chronicle 110 Courthouse Ave. Burgaw, NC 28 910 259-2504		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 217.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RC-1	Check	A	10/29/2007	$ 217.50	1/4 newspaper ad
				$	

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
				$	
				$	

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 $ 217.50

6. Total of ALL CRO-1310 Pages $ 1,674.81

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c 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)**

Refunds/Reimbursements From the Committee

Pg 1 of 2 Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)	2. ID Number
A Better Way to Pay	33 - 1183881

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Kenneth Lanier 484 Church St. Willard, NC 28478 910 - 285 - 5277	☐ Candidate ☐ PAC ☒ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 10/15/07 i. Original Receipt Amount: $ 50.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
business owner		L	$ 100.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
RC-1	check		11/06/2007	$ 50.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Thomas Roper 805 Eastwood Ct. Burgaw, NC 28425 910-259-9777	☐ Candidate ☐ PAC ☒ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 10/15/07 i. Original Receipt Amount: $ 50.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
real estate	Realty World	L	$ 650.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
RC-1	check		11/06/2007	$ 50.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Jimmy Tate 5500 NC Hwy 11 Willard, NC 28470 910 962-2260	☐ Candidate ☐ PAC ☒ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 11/05/07 i. Original Receipt Amount: $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
educator	UNC-W	L	$ 150.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
RC-1	check		11/06/2007	$ 100.00

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 937.00

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kind **O* Other**

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

Refunds/Reimbursements From the Committee

Pg 2 of 2 Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)	2. ID Number
A Better Way to Pay	33-1183881

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Lorrie Luhring 339 Olde Point Loop Hampstead, NC 28443 910-270-1991	☐ Candidate ☐ PAC ☒ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☒ County: ☐ State ☐ Municipality:	11/02/07
		i. Original Receipt Amount
		$ 835.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
homemaker/volunteer		P	$ 935.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
RC-1	Check	reimbursement for print + phone calls flyers	11/14/2007	$ 737.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
		i. Original Receipt Amount
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
		i. Original Receipt Amount
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 737.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 937.00

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kind **O* Other**

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

Debts and Obligations Owed By the Committee

Pg 1 of 1 Amendment ☐ Yes ☐ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments

1. Committee Full Name (and Fund if applicable)	2. ID Number
A Better Way to Pay	33-1183881

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
Lorrie Luhring 339 Olde Point Loop Hampstead, NC 28443 910 270-1991	b. Description of Creditor Committee chairperson

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$ 835.00	$ 737.00	$	$ 98.00

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
10/18/2007	$ 14.00	11/02/2007	$ 98.00

g3. Item Description	g3. Item Description
printing	voice ad - telephone greetings

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)
Hampstead Printings 16881 Hwy 17 North Hampstead, NC 28443	EZ LEADS.net gateway.@linkpt.net

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
(same as above)	b. Description of Creditor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$	$	$	$

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
11/02/2007	$ 98.00	11/02/2007	$ 625.00

g3. Item Description	g3. Item Description
Voice ad - telephone zip code list	voice ads - calls (25,000)

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)
XMVOICE gateway@linkpt.net	KM VOICE gateway@linkpt.net

4. Total only this Page *(This should be the sum of all item '3f' from this page)*	$ 98.00
5. Total of ALL CRO-1610 Pages *(This line must be on line 22 of Detailed Summary Page CRO-1100)*	$ 98.00