

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 VALERIE LEE JORDAN for Pender County Clerk of Court | c. ID Number PEN501 |
| b. Mailing Address (include City, State and Zip Code) P O BOX 51 BURGAU, NORTH CAROLINA 28425 | d. Date Filed 04/29/2008 |
| | e. Phone Number (910) 259-3288 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2008 | 3. Period Start Date (mm/dd/yy) 04/25/2008 | 4. Period End Date (mm/dd/yy) 04/30/2008 | 5. Treasurer Full Name VALERIE LEE JORDAN |
|-------------------------------|--|--|---|

| | | | | |
|---|---|--|--|---|
| 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 | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | 10. Special Report Name |
| <input type="checkbox"/> Other: | | <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 ACCOUNT FOR RECEIPTS AND EXPENDITURES | c. Account Code 1 | b. Purpose Campaign Finance | c. Account Code |
| | d. Period Begin Balance \$ 350.00 | | 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 if 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 according to N.C.G.S. 163-278.7(f).

Valerie Lee Jordan Printed Name of Signer Valerie Lee Jordan Signature of Appointed Treasurer 4/30/2008 Date

FOR OFFICE USE ONLY

Date Received: 4/30/08 Employee: OB **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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

MAY 02 2008

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 | |
|---|------------------------------------|----------------------------------|--|
| VALERIE LEE JORDAN FOR PENDER CO CLERK OF COURT | ORGANIZATIONAL | PEN501 | |
| Start of Election Cycle: January 1, <u>2008</u> | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 0 | \$ 0 | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 50.00 | \$ 50.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 300.00 | \$ 300.00 | |
| 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) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) | \$ 350.00 | \$ 350.00 | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 60.66 | \$ 60.66 | |
| 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) | \$ 249.99 | \$ 249.99 | |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 310.65 | \$ 310.65 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 39.35 | \$ 39.35 | |
| 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) | \$ | \$ | |
| 27) Contributions to be refunded (CRO-1215) | \$ | \$ | |

Contributions from Individuals

Amendment

Pg 1 of 1 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 | |
| Valerie Lee Jordan for Pender County Clerk of Court | | | | | PENG01 | |
| 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 | |
| SAMUEL A WILLIAMS P O BOX 1269 BURGAW, NORTH CAROLINA 28425 | | | PLAYWRIGHT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | 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 | |
| <input type="checkbox"/> | 1 | CHECK | | 04/19/2008 | \$ 200.00 | |
| <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 | |
| STEPHEN E CULBRETH, ATTORNEY P O BOX 440 WILMINGTON, NC 28402 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | STEPHEN E CULBRETH, ATTORNEY | | 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 | |
| <input type="checkbox"/> | 1 | CHECK | | 04/21/2008 | \$ 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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ | 300.00 |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ | 300.00 |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Disbursements

Amendment

Pg 1 of 1 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 | |
| Valerie Lee Jordan for Pender County Clerk of Court | | | | | PEN501 | |
| 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 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 | |
| POST MASTER UNITED STATES POSTAL SERVICE BURGAW, NC 28425 | | | | | | |
| | | | 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 | |
| | CHECK | | 04/23/2008 | \$16.40 | | |
| | CHECK | | 04/26/2008 | \$16.40 | | |
| 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 | |
| FIRST CITIZENS BANK 315 MARKET STREET WILMINGTON, NC 28401 | | | | | | |
| | | | 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 | |
| | DEBIT | | 04/22/2008 | \$27.86 | | |
| | | | | \$ | | |
| 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 | |
| | | | | | | |
| | | | 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 | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 60.66 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 60.66 | |
| <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> | | | | | | |
| 7. Purpose Codes <i>(List 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* - Other |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Refunds/Reimbursements From the Committee

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

| | | | | |
|--|--|---|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Valerie Lee Jordan for Pender Co Clerk of Court | | | PEN501 | |
| 3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Valerie Lee Jordan P O Box 1612 Burgaw, North Carolina 28425 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 04/19/2008 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 20.00 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | O | | \$ 20.00 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| TRIAL COURT COORDINA CANIDATE | STATE OF NC | | | 1 |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CK | Banquet Ticket | | 04/19/2008 | \$ 20.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Valerie Lee Jordan P O Box 1612 Burgaw, North Carolina 28425 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 04/18/2008 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 24.84 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | O | | \$ 44.84 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| TRIAL COURT COORDINA | STATE OF NC | | | 1 |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CK | POST OFFICE BOX RENTAL FEE POSTAGE | | 04/18/2008 | \$ 24.84 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 04/18/2008 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 163.71 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | O | | \$ 208.55 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| TRIAL COURT COORDINA | STATE OF NC | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CK | Banquet Attire | | 04/18/2008 | \$ 163.71 |
| 4. Total only this Page | | | | \$ 208.55 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 249.99 |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | |

MAY 02 2008

Refunds/Reimbursements From the Committee

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

| | | | | | |
|--|--|--|---|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| VALERIE LEE JORDAN FOR PENDER CO CLERK OF COURT | | | | PEN501 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | h. Original Receipt Date |
| VALERIE LEE JORDAN P O BOX 1612 BURGAW, NORTH CAROLINA 28425 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 04/18/2008 |
| | | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 41.44 |
| | | | f. Purpose Code | | j. Election Sum to Date |
| | | | O | | \$ 249.99 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | k. Account Code | |
| TRIAL COURT COORDINA CANIDATE | | STATE OF NC | | 1 | |
| l. Form of Payment | m. Required Remarks | | | n. Date (mm/dd/yyyy) | o. Amount |
| CK | Dinner Meeting with Campagn Menebers/Gas | | | 04/18/2008 | \$ 41.44 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | | f. Purpose Code | | j. Election Sum to Date |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | k. Account Code | |
| | | | | 1 | |
| l. Form of Payment | m. Required Remarks | | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | | f. Purpose Code | | j. Election Sum to Date |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 4. Total only this Page | | | | | \$ 41.44 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | | \$ 249.99 |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |