

# 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	
Freddy Lee Brown			AHLSD5	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1621 Rebecca Kennedy Rd P.O. Box 453 Rocky Point, NC 28457				
			e. Phone Number	
			910-675-9268 (H) 910-520-8116 (C)	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2010	10-20-10	12-31-2010	Shelly Leigh Brown	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <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		
<input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" 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		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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				
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose		b. Purpose		c. Account Code
campaign				
c. Account Code		c. Account Code		d. Period Begin Balance
F.B.				
d. Period Begin Balance		d. Period Begin Balance		
\$ 2485.75				\$
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.				
Shelly L. Brown		Shelly L. Brown		1-3-2011
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	1/4/11	Employee:	DB	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
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

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	
Freddy Lee Brown		Fourth Quarter	AHLSD5	
Start of Election Cycle:	January 1,	<u>2010</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 2485.75	\$ 12073.00
<b>RECEIPTS</b>				
5) Aggregated Contributions from Individuals	(CRO-1205)		\$	\$
6) Contributions from Individuals	(CRO-1210)		\$	\$
7) Contributions from Political Party Committees	(CRO-1220)		\$ 500.00	\$ 500.00
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)			\$ 500.00	\$ 500.00
<b>EXPENDITURES</b>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)		\$ 1285.00	\$ 10872.25
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)		\$ 1700.75	\$ 1700.75
17) In-Kind Contributions	(CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 2985.75	\$ 12573.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0	\$ 0
<b>ADDITIONAL INFORMATION</b>				
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)		\$	\$

# Contributions from Political Party Committees

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Freddy Lee Brown				AHL505	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
Pender Co. Democratic Party Burgaw, NC 28425					
				<b>c. Election Sum to Date</b>	
				\$ 500.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
FB	check		10-20-2010	\$ 500.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 500.00	
<b>5. Total of ALL CRO-1220 Pages</b> <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 500.00	

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Freddy Lee Brown					AHLSD5	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Johnny Stringfield P.O. Box 651 Burgaw, NC 28425						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 300.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
FB	check	0	10/29/2010	\$ 300.00	Poll work - part out \$ remove signage	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Norma Perez 130 Dogwood Lane Rocky Point, NC 28457						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
FB	check	0	11/1/2010	\$ 100.00	Poll work	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Denver Brown 11736 Ashton Rd Burgaw, NC 28425						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
FB	check	0	11-1-2010	\$ 200.00	Poll work	
				\$		
<b>5. Total only this Page</b>					\$ 600.00	
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 1285.00	
<b>7. Purpose Codes</b> <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)						

# 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) <u>Freddy Lee Brown</u>	2. ID Number <u>AHLSD5</u>
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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) <u>Geraldine Proctor 3081 Willard Rd Willard, NC 28478</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <u>75.00</u>

f. Account Code <u>FB</u>	g. Form of Payment <u>check</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy) <u>11-2-2010</u>	j. Amount \$ <u>75.00</u>	k. Required Remarks <u>Poll work</u>
				\$	

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Dyanne Spencer 2702 Bay Road Wallace, NC 28466</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <u>75.00</u>

f. Account Code <u>F.B.</u>	g. Form of Payment <u>check</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy) <u>11-2-2010</u>	j. Amount \$ <u>75.00</u>	k. Required Remarks <u>Pollworker</u>
				\$	

4. Payee Information     Add     Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Katie Johnson 232 Sarecta Rd Kenansville, NC 28439</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <u>75.00</u>

f. Account Code <u>F.B.</u>	g. Form of Payment <u>check</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy) <u>11-2-2010</u>	j. Amount \$ <u>75.00</u>	k. Required Remarks <u>Poll work</u>
				\$	

5. Total only this Page    \$ 225.00

6. Total of ALL CRO-1310 Pages  
 (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)  
 \$ 1285.00

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

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) <u>Freddy Lee Brown</u>					2. ID Number <u>AHLSD5</u>
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" 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 <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
<u>George Brown 2851 Little Kelly Rd Rocky Point, NC 28457</u>		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:		\$ <u>75.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>F.B.</u>	<u>check</u>	<u>0</u>	<u>11-2-10</u>	<u>\$ 75.00</u>	<u>Poll Work</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
<u>Shecole Stokes 311 Wallace St. Burgaw, NC 28425</u>		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:		\$ <u>75.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>F.B.</u>	<u>check</u>	<u>0</u>	<u>11-2-10</u>	<u>\$75.00</u>	<u>Poll Work</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name		d. Comments	
<u>Connie Armstrong 1908 Sycamore Dr. Burgaw, NC 28457</u>		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:		\$ <u>75.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>FB</u>	<u>check</u>	<u>0</u>	<u>11-2-10</u>	<u>\$ 75.00</u>	
				\$	
5. Total only this Page					\$ <u>225.00</u>
6. Total of ALL CRO-1310 Pages <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>					\$ <u>1285.00</u>
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

# 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) <u>Freddy Lee Brown</u>	2. ID Number <u>AHLS05</u>
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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) <u>Amanda Graham 81 Hall Rd Watha, NC 28478</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <u>75.00</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>F.B</u>	<u>check</u>	<u>0</u>	<u>11-2-10</u>	<u>\$75.00</u>	<u>Poll Work</u>
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Cheryl Beatty P.O. Box 782 Burgaw, NC 28425</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <u>160.00</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>F.B.</u>	<u>check</u>	<u>0</u>	<u>11-2-10</u>	<u>\$160.00</u>	<u>Poll Work</u>
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$

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 \$ 235.00

6. Total of ALL CRO-1310 Pages

(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)

\$ 1285.00

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Freddy Lee Brown		AHLSD5	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
Freddy L. Brown 1621 Rebecca Kennedy Rd P.O. Box 453 Rocky Point NC 28457		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>b. Job Title/Profession</b>		<b>f. Purpose Code</b>	
self retailer employed		L	
<b>c. Employer's Name/Specific Field</b>		<b>h. Original Receipt Date</b>	
Intrepid Hardware Hardware		12-16-2010	
		<b>i. Original Receipt Amount</b>	
		\$ 1700.75	
		<b>j. Election Sum to Date</b>	
		\$ 11073.00	
		<b>k. Account Code</b>	
		F.B.	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
CK		12/17/2010	\$ 1700.75
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>b. Job Title/Profession</b>		<b>f. Purpose Code</b>	
<b>c. Employer's Name/Specific Field</b>		<b>h. Original Receipt Date</b>	
		<b>i. Original Receipt Amount</b>	
		\$	
		<b>j. Election Sum to Date</b>	
		\$	
		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
			\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>e. Level Registered (Specify)</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>b. Job Title/Profession</b>		<b>f. Purpose Code</b>	
<b>c. Employer's Name/Specific Field</b>		<b>h. Original Receipt Date</b>	
		<b>i. Original Receipt Amount</b>	
		\$	
		<b>j. Election Sum to Date</b>	
		\$	
		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
			\$
<b>4. Total only this Page</b>			\$ 1700.75
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 1700.75
L - Returned to Contributor      M - Overpayment for Service P* - Reimbursement of In-Kind      O* Other      N - Exceeded Contribution Limit			
* Codes require detailed explanation in required remarks field (m)			



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

**FILED BY:**

Committee Name: Freddy Lee Brown  
Treasurer Name: Shelly Leigh Brown  
Treasurer Address: P.O. Box 453  
(include city, state, & zip) Rocky Point, NC 28457  
  
  
Treasurer Phone: 910. 675-1157

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-3-2011  
Date Signed

Shelly A. Brown  
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.