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: ZANDER GUY FOR MAYOR

c. ID Number: MHL 698

b. Mailing Address (include City, State and Zip Code): P.O. BOX 2835 SURF CITY, NC 28445

d. Date Filed:

e. Phone Number: 910-328-1514

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2011	9/28/11	10/31/11	BOYCE C. KAY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

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

- ☐ Booster Fund
- ☐ Building Fund
- ☒ Other: CAMPAIGN

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	☐ Final
☒ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: BANK OF AMERICA

b. Purpose:

c. Account Code: MHL 698

d. Period Begin Balance: $ 3,463.62

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

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.

Boyce C. Kay	Boyce C. Kay	1/17/12
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	01/18/12	Employee:	DB
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

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
ZANDER GUY FOR MAYOR	PRE-ELECTION	MHL 698

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3463.62	$
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$ 4610.00	$ 10,645.50
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 1750.26	$ 1750.26
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)		$ 6360.26	$ 12,395.76
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 6,262.89	$ 8,299.27
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)*	$ 200.00	$ 200.00
17) In-Kind Contributions	*(CRO-1510)*	$ 100.00	$ 635.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 6,562.89	$ 9,134.77
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3,260.99	$ 3,260.99
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)*	$	$

Contributions from Individuals

Pg 1 of 11 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
ZANDER GUY FOR MAYOR	MHL 698

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
STERLENE BRYSON P.O. BOX 3247 TOPSAIL BEACH, NC 28445 910-328-2468	OWNER/REAL ESTATE COMPANY	BRYSON & ASSOC.		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		9/28/2011	$ 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
HAROLD LEE P.O BOX 3247 TOPSAIL BEACH, NC 28445 910-328-2468	MAINT. SUPERVISOR	BRYON & ASSOC.		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		9/28/2011	$ 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
W. DANIEL MARTIN, III 2126 HARBORVIEW DR. WILMINGTON, NC 910-219-1100	ATTORNEY	WARD & SMITH, P.A.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK			$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages (This form must be an Sum of Detailed Summary Page CRO-1209)	$ 4610.00

Contributions from Individuals

Pg 2 of 11 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
ZANDER GUY FOR MAYOR	MHL 698

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 THORNTON 1710 PANHANDLE ROAD FAISON, NC 28341-5564 910-533-3449	SHERIFF/SAMPSON CO			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/04/2011	$ 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
HOWARD K. HARRELL 509 NICHOLSON ST. CLINTON, NC 28328 910-592-2560	RETIRED/AUTO DEALER			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/05/2011	$ 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
MAURICE LEFLER P.O. BOX 2629 SURF CITY, NC 28445 910-328-1290	RETIRED RESTAURANT OWNER			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/07/2011	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages (This line must be on the last of Contributor Summary Page CRO-1208)	$ 4610.00

Contributions from Individuals

Pg 3 of 11 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
ZANDER GUY FOR MAYOR	MHL 698

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
JOY LEFLER P.O. BOX 2629 SURF CITY, NC 28445 910-328-1290	RETIRED/RESTAURANT	OWNER		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/07/2011	$ 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
SUSAN VALIANTE 649 SOUND ROAD HOLLY RIDGE, NC 28445 910-329-0614	ADMINISTRATIVE ASST.	TOWN OF SURF CITY RECREATION DEPT.		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/07/2011	$ 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
LEO VALIANTE 649 SOUND ROAD HOLLY RIDGE, NC 28445 910-329-0614	BUILDING CONTRACTOR	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/07/2011	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages (This line must be on line 1 of Contributions Summary Page CRO-1300)	$ 4610.00

Contributions from Individuals

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
ZANDER GUY FOR MAYOR	MHL 698

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
STEVEN R. PASQUINTONIO 1506 EASY STREET SURF CITY, NC 28445 910-328-0010	OWNER/MAINSAIL & DADDYMAC RESTAURANTS			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/12/2011	$ 500.00
☐					$
☐					$

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
ARLENE R. YOW 1201 AIRLIE RD. WILMINGTON, NC 28403 910-256-0735	RETIRED/REAL ESTATE DEVELOPER			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/12/2011	$ 500.00
☐					$
☐					$

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
EDWARD F. JOHNSTON P.O. BOX 3310 TOPSAIL BEACH, NC 28445 910-328-7561	RETIRED/MINISTER			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/12/2011	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1500.00
5. Total of ALL CRO-1210 Pages (This Box must be the Sum of Box 4 of All Summary Pages CRO-1210)	$ 4610.00

Contributions from Individuals

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
ZANDER GUY FOR MAYOR	MHL 698

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
ZANDER GUY P.O. BOX 4180 SURF CITY, NC 28445 910-526-4181	RETIRED/REAL ESTATE		DEVELOPER	$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/12/2011	$ 200.00
☐					$
☐					$

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
JAMES BATTS 207 WATERWAY DR. SNEADS FERRY, NC 28460 910-330-5850	RETIRED/UPS		IN-KIND DONATION OF $160.50 FOR SIGNS, REPORTED ON 35 DAY REPORT	$ 710.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/13/2011	$ 550.00
☐					$
☐					$

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
HERMAN STRICKLAND 1542 CORCUS FERRY RD. HAMPSTEAD, NC 28443 910-270-1923	RETIRED/NC WILDLIFE			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/14/2011	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4610.00

Contributions from Individuals

Pg 6 of 11 | 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
ZANDER GUY FOR MAYOR	MHL 698

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
CONNIE JAMES 50 NORTH RIDGE SURF CITY, NC 28445 910-329-4400	PARALEGAL/ATTORNEY	STUART CLARKE 13775 OCEAN HWY. ST. 107 SURF CITY, NC 28445	OFFICE	$ 145.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/14/2011	$ 145.00
☐					$
☐					$

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
JAMES V. WITMER, II 50 NORTH RIDGE SURF CITY, NC 28445 910-622-0943	RETIRED/NIS AGENT			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/14/2011	$ 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
JIM EVES 49 NORTH RIDGE SURF CITY, NC 28445 910-328-3905	OWNER/AIR CONDITIONING	JT&D HEATING & AIR		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 245.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4610.00

Contributions from Individuals

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): ZANDER GUY FOR MAYOR

2. ID Number: MHL 698

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): DOROTHY ROYAL, 521 ATKINSON POINT RD., SURF CITY, NC 28445, 910-328-1973

b. Job Title/Profession: OWNER / GUNSHOP

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): JACKIE JAMES, P.O. BOX 2391, SURF CITY, NC 28445, 910-620-2505

b. Job Title/Profession: REALTOR

c. Employer's Name/Specific Field: CENTURY 21 SEAGATE

d. Comments:

e. Election Sum to Date: $ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): LINDA BATSON, 338 SEA MANOR DRIVE, SURF CITY, NC 28445, 910-328-2011

b. Job Title/Profession: OWNER / RESTAURANT

c. Employer's Name/Specific Field: BATSON'S GALLEY

d. Comments:

e. Election Sum to Date: $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 50.00
☐					$
☐					$

4. Total only this Page $ 100.00

5. Total of ALL CRO-1210 Pages $ 4610.00

(This line must be on line 6 of Detailed Summary Page CRO-1160)

Contributions from Individuals

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
ZANDER GUY FOR MAYOR	MHL 698

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
LARRY BATSON 338 SEA MANOR DR. SURF CITY, NC 28445 910-328-2011	OWNER/RESTAURANT	BATSON'S GALLEY		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 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
TERESA BATTS 590 BELT ROAD HAMPSTEAD, NC 28443 910-328-0613	SELF EMPLOYED REALTOR	TERESA BATTS REAL ESTATE		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 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
WAYMOTH BATTS 590 BELT RD. HAMPSTEAD, NC 28443 910-620-0530	SELF-EMPLOYED	OLD LANDING DEVELOPMENT.		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4610.00

Contributions from Individuals

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
ZANDER GUY FOR MAYOR	MHL 698

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
FRANK BATS 590 BELT ROAD HAMPSTEAD, NC 28443 910-620-0530	STUDENT/CASHIER	BATSONS GALLEY RESTAURANT		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 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
TANNER JONES 590 BELT ROAD HAMPSTEAD, NC 28443 910-620-0530	STUDENT/FISHERMAN	BATSONS GALLEY		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 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
CASEY JONES 340 OLD LANDING RD. HAMPSTEAD, NC	COOK/FISHERMAN	BATSONS GALLEY		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4610.00

Contributions from Individuals

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
ZANDER GILL FOR MAYOR	MHL 698

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
STEPHANIE JONES 340 OLD LANDING RD. HAMPSTEAD, NC 28443 910-284-5085	ADMINISTRATIVE	TERESA BATTS REAL ESTATE		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 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
BETHANY DODGENS TI RENTALS 118 N. TOPSAIL DR. SURF CITY, NC 28445 910-328-9977	OWNER/T.I RENTALS	SELF		$ 15.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CASH		10/14/2011	$ 15.00
☐					$
☐					$

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
CHERYL T. WINDHAM 2688 RIVER RD., SE. WINNABOW, NC 28479 910-371-5611	HOUSEWIFE			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		10/27/11	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 565.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4610.00

Contributions from Individuals

Pg 11 of 11

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
ZANDER GUY FOR MAYOR	MHL 698

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
RANDY COX 326 NEW RIVER DR. SURF CITY, NC 28445 910-328-6738	REALTOR	COLDWELL BANKER	SIGN	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698		SIGN	10/18/2011	$ 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
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

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
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4610.00

In-Kind Contributions

Pg 1 of 1 ☒ 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
ZANDER GUY FOR MAYOR	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
RANDY COX 326 NEW RIVER DR. SURF CITY, NC 28445 910-328-6728	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	SIGN
		d. Election Sum to Date: $ 100.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 18" x 96" SIGN PANELS	10/18/2011	$ 100.00
		$
		$

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
		$
		$
		$

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	$ 100.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 100.00

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): ZANDER GUY FOR MAYOR

2. ID Number: MHL 698

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
MAURICE LEFLER P.O. BOX 2629 SURF CITY, NC 28445	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	9/13/11
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 200.00
	f. Purpose Code: L	j. Election Sum to Date: $ 200.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED RESTAURANT			MHL 698

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CASH		10/07/2011	$ 200.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	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	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

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

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

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

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)**

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☒ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
ZANDER GUY FOR MAYOR	MHL 698

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NELVA ALBURY CAMPAIGN FOR SURF CITY COUNCIL BILL FEIGE, CHAIRMAN 9066 W. 9th Street SURF CITY, NC 28445 910-328-0207	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY	PAYMENT FOR 1/4 of CAMPAIGN BBQ TO BE HELD 11/5/2011 & ADVERTISING	$ 583.42

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
MHL698	CHECK		10/07/2011	$ 583.42
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DONALD HELMS P.O. BOX 103 HAMPSTEAD, NC 28443 910-279-1133	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY	PAYMENT FOR 1/4 of CAMPAIGN BBQ TO BE HELD 11/5/2011 & ADVERTISING	$ 583.42

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
MHL698	CHECK		10/07/2011	$ 583.42
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BUDDY FOWLER 421 ATKINSON PT. RD. SURF CITY, NC 28445 910-814-7009	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 583.42

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
MHL698	CHECK		10/07/2011	$ 583.42
				$
				$

4. Total only this Page	$ 1750.26
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 1750.26

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): ZANDER GUY FOR MAYOR

2. ID Number: MHL 698

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): ISLAND TAXI, 176 CYPRESS AVE., HOLLY RIDGE, NC 28445, 910-329-1211

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY

d. Comments:

e. Election Sum to Date: $ 600.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	B	10/1/2011	$ 600.00	AD ON TOP OF CABS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): ALLWAYS GRAPHICS, 120 RACINE DR. UNIT 3, WILMINGTON, NC 28403, 910-392-0883

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY

d. Comments: BUMPER STICKERS $785.05 LISTED ON 35-DAY REPORT

e. Election Sum to Date: $ 1843.53

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	C CARD	B	10/5/2011	$ 620.38	DEPOSIT ON MAIL OUT
MHL 698	C CARD	B	10/25/2011	$ 438.10	PAYMENT FOR REMAINDER OF TOTAL BILL

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): TOPSAIL VOICE, P.O. BOX 880, HAMPSTEAD, NC 28443, 910-270-2944

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY

d. Comments:

e. Election Sum to Date: $ 2710.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	C. CARD	B	10/10/2011	$ 399.20	1/4 PAGE FOR AD THANK YOU
MHL 698	C. CARD	B	10/10/2011	$ 1155.56	KOOKOUT ADD PAID BY MAYOR & 3 CAND.
MHL 698	C. CARD	B	10/14/2011	$ 1155.56	AD-FULL PAGE-LETTER

5. Total only this Page $ 4,368.80

6. Total of ALL CRO-1310 Pages $ 6,262.89

(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)**

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
ZANDER GUY FOR MAYOR	MHL 698

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
VOTERS UNLIMITED P.O. BOX 188 FERNDALE, NY 12734 800-431-1275		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY	YARD SIGNS @ $532.22 REPORTED ON 35-DAY REPORT 1st ORDER	$ 1064.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	C CARD	B	10/11/2011	$ 532.22	YARD SIGNS 2ND ORDER
				$	

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 ADVERTISER 206A S. TOPSAIL DR. SURF CITY, NC 28445 910-328-3033		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 1070.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	C.CARD	B	10/13/2011	$ 222.50	THANK YOU AD
MHL 698	C CARD	B	10/13/2011	423.75	COOK-OUT AD 1/4 SHARE
MHL 698	C.CARD	B	10/17/2011	$ 423.75	AD-LETTER

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
U.S. POST OFFICE 13567 US Hwy. 50 #D SURF CITY, NC 28445 910-329-1427		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 291.87

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	I	10/25/2011	$ 291.87	POSTAGE FOR MAILOUT
				$	

5. Total only this Page	$ 1894.09
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)*	$ 6262.89

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)**