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: 10/10/11

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	07/05/11	9/27/11	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: $ 0

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
BOYCE C. KAY	Boyce C. Kay	10/10/11

FOR OFFICE USE ONLY

Date Received:	RECD OCT 13 2011	Employee:	AB
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.

CORRECTED 10/20 FAIL DUE

Amendment ☐ Yes ☐ No

Detailed Summary

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	THIRTY-FIVE DAY	MHL 698

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ -0-	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 6,035.50	$ 6,035.50
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)	$	$
11 e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 6,035.50	$ 6,035.50
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2,036.38	$ 2,036.38
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1310)	$ 535.50	$ 535.50
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$	$
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 3,463.62	$ 3463.62
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-2200)	$	$
28) Contributions to be Refunded	(CRO-1215)	$ 200.00	$ 200.00

11/1/11

Contributions from Individuals

Pg 1 of 4

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
BOYCE C. KAY P.O. BOX 2835 SURF CITY, NC 28445 910-328-1514	RETIRED WINN-DIXIE			$ 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		7/6/11	$ 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
F. JAY HASKINS P.O. BOX 1328 CARY, NC 27512 919-271-5851	RESTAURANT OWNERS/ GOLDEN CORRAL			$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		7/15/11	$ 1000.00
☐					$
☐					$

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
LEE PELON P.O. BOX 700 HAMPSTEAD, NC 28445 910-538-2455	HOUSEWIFE			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		8/22/11	$ 1000.00
☐					$
☐					$

4. Total only this Page	$ 2,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,835.50

REC'D OCT 13 2011

Contributions from Individuals

Pg 2 of 4

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): CHARLES RIGGS, 243 TURTLE SHELL RD., RICHLANDS, NC 28574, 910-455-0877

b. Job Title/Profession: Surveyor / Self

c. Employer's Name/Specific Field: Charles Riggs, Assoc.

d. Comments:

e. Election Sum to Date: $ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		9/1/2011	$ 1000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): RICK DUDEN, PO BOX 4274, SURF CITY, NC 28445, 910-328-4038

b. Job Title/Profession: RETIRED NY FIREFIGHTER

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 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		9/8/2011	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): JANET WILSON, 609 SAWGRASS RD., HAMPSTEAD, NC 28443, 910-620-2505

b. Job Title/Profession: ENTREPRENEUR RETIRED TEACHER

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 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		9/9/2011	$ 100.00
☐					$
☐					$

4. Total only this Page $ 1,600.00

5. Total of ALL CRO-1210 Pages $ 5,835.50

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

REC'D OCT 13 2011

Contributions from Individuals

Pg 3 of 4 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
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407 336-294-1415	POLITICAL ACTION COM.			$ 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		9/9/2011	$ 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
BRADLEY ZADELL 218 EDINBURGH DR. CARY, NC 27511 919-427-7106	DEVELOPER			$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698	CHECK		9/16/2011	$ 1000.00
☐					$
☐					$

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
ALVIN BATTS P.O. BOX 2294 SURF CITY, NC 28445 910-279-6739	RESTAURANT OWNER	BATTS GRILL		$ 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	8/25/2011	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5835.50

REC'D OCT 13 2011

Contributions from Individuals

Pg 4 of 4 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
JAMES BATTS 207 WATERWAY DR. SNEADS FERRY NC 28460 910-330-5858	RETIRED UPS			$ 160.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698		SIGNS	9/24/2011	$ 160.50
☐					$
☐					$

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
DOUG MEDLIN PO BOX 2071 SURF CITY, NC 28445 910-328-1887	EAST COAST SPORTS, OWNER			$ 275.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MHL 698		SIGNS	9/26/2011	$ 275.00
☐					$
☐					$

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
☐					$
☐					$
☐					$

4. Total only this Page	$ 435.50
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,835.50

REC'D OCT 13 2011

Contributions to be Reimbursed

Pg 1 of 1

Amendment ☒ Yes ☐ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
ZANDER GUY FOR MAYOR	MHL 698

3. Contributor Information ☒ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
MAURICE LEFLER P.O BOX 2629 SURF CITY, NC 28445	MAURICE LEFLER P.O. BOX 2629 SURF CITY, NC 28445

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CASH	10/7/2011		$ 200.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd yyyy)	c. Credit Card Y/N	d. Amount
			$

3. Contributor Information Add Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1215 Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 200.00

REC'D OCT 18 2011 - AB
mail

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
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
RX EXPRESS MARKETING 1800 SIR TYLER DRIVE WILMINGTON, NC 910-256-6960 28405		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 365.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	B	7/21/2011	$ 365.00	AD ON REALO PHARMACY BAGS
				$	

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
ONSLOW COUNTY BOARD OF ELECTIONS 4024 RICHLANDS HWY. JACKSONVILLE, NC 28540 910-455-4484		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 7.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	K	8/16/2011	$ 7.21	MAILING LABELS
				$	

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 COUNTY BOARD OF ELECTIONS P.O. BOX 1232 BURGAW, NC 28425 910-259-1220		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 36.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	K	8/16/2011	$ 36.90	MAILING LABELS
				$	

5. Total only this Page $ 409.11

6. Total of ALL CRO-1310 Pages $ 2036.38

(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	O* - Other

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

REC'D OCT 13 2011

Disbursements

Pg 2 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
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
ALL WAYS GRAPHICS 120 RACINE DR. UNIT 3 WILMINGTON, NC 28403 910-392-0883		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 785.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	B	8/22/2011	$ 785.05	BUMPER STICKERS
				$	

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
VOTES UNLIMITED PO BOX 188 FERNDALE, NY 12734-0188 1-800-431-1275		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 532.22

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CREDIT CARD	B	8/24/2011	$ 532.22	YARD SIGNS
				$	

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
WALT DODGE 163 OLD FOLKSTONE RD. HOLLY RIDGE, NC 28445 910-376-4513		☐ Federal ☐ County: ☐ State ☒ Municipality: TOWN OF SURF CITY		$ 310.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MHL 698	CHECK	B	9/7/2011	$ 310.00	BILLBOARD SIGNS
				$	

5. Total only this Page $ 1627.27

6. Total of ALL CRO-1310 Pages $ 2036.38

(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	O* - Other

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

REC'D OCT 13 2011

In-Kind Contributions

Pg ___ of ___

Amendment ☒ 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	MHL 698

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ALVIN BATTS P.O. BOX 2294 SURF CITY, NC 28445 910-279-6739	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 100.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SIGN	8/25/2011	$ 100.00
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JAMES BATTS 207 WATERWAY DR. SNEADS FERRY, NC 28460 910-330-5858	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 160.50

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SIGNS (2)	9/24/2011	$ 160.50
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DOUG MEDLIN P.O. BOX 2071 SURF CITY, NC 28445 910-328-1887	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 275.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SIGN	9/26/2011	$ 275.00
		$
		$

4. Total only this Page	$ 535.50
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 535.50

REC'D OCT 13 2011