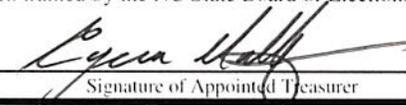


Disclosure Report Cover

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 EUGENE MOLLIGAN		c. ID Number 1HLN07					
b. Mailing Address (include City, State and Zip Code) 214 S. Dickelson Street Budgan NC 28485		d. Date Filed 1-27-14		e. Phone Number 910 262 6574			
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 9-24-13	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name EUGENE MOLLIGAN				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table style="width:100%;"> <tr> <td style="width:33%;"> Municipal <input type="checkbox"/> Organizational <input checked="" 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width:33%;"> State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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 </td> <td style="width:33%;"> Referendum <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 </td> </tr> </table>			Municipal <input type="checkbox"/> Organizational <input checked="" 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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	Referendum <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
Municipal <input type="checkbox"/> Organizational <input checked="" 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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	Referendum <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) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name 					
8. Number of Fundraisers this Report NONE							
11. Account Information		11. Account Information					
a. Financial Institution Full Name NEW BRIDGE BANK		a. Financial Institution Full Name					
b. Purpose CAMPAIGN ACCOUNT		b. Purpose		c. Account Code			
c. Account Code EM.		c. Account Code		d. Period Begin Balance			
d. Period Begin Balance \$ 1150.00		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 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.							
EUGENE MOLLIGAN Printed Name of Signer		 Signature of Appointed Treasurer		1-27-14 Date			
FOR OFFICE USE ONLY							
Date Received:	2/6/14	Employee:	OB	Delivery Method			
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail			
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail			
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered			
				<input type="checkbox"/> Electronically Filed			
				<input type="checkbox"/> 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	
EUGENE MULLIGAN				1HLN07	
Start of Election Cycle: January 1, 20/13		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,150.00		\$ 2,200.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 2200.00	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$		\$ 2200.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 349.70		\$	
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)		\$ 800.60		\$ 800.60	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,150.00		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
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)		\$		\$	

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) <i>EUGENE MOLLIGAN</i>						2. ID Number <i>14LNO7</i>	
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	
<i>SOUTHEAST PRINTING DUDLEY STREET BORSAW NC 28425</i>				<i>EUGENE MOLLIGAN</i>			
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <i>185.45</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>EM</i>	<i>Cheque</i>	<i>A</i>	<i>OCT 11 '13</i>	<i>\$ 399</i>			
				\$			
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	
<i>NEW BRIDGE BANK FREMONT STREET. BORSAW.</i>				<i>EUGENE MOLLIGAN</i>		<i>BANK CHARGES.</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <i>20.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>EM</i>	<i>BANKEEE</i>	<i>A</i>	<i>10-22-13</i> <i>10-22-13</i>	<i>\$ 20.00</i>			
				\$			
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	
<i>TOWN OF BORSAW WALKER STREET BORSAW.</i>				<i>EUGENE MOLLIGAN</i>		<i>BUILDING RENT.</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <i>125.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>EM</i>	<i>Cheque</i>	<i>A</i>	<i>10-24-13</i>	<i>\$ 125.00</i>			
				\$			
5. Total only this Page						\$ <i>148.97</i>	
6. Total of ALL CRO-1310 Pages						\$ <i>349.70</i>	
<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 (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

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>EUGENE MULLIGAN</u>						2. ID Number <u>14CNO7</u>	
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) <u>EUGENE MULLIGAN 214 S. DICKERSON STREET BURSAW 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 checked="" 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		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>HARLAND CLARK CHK ORDER.</u>				b. Coordinated Committee Name		d. Comments <u>Cheques</u>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>19.25</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>EM</u>	<u>cheque</u>	<u>K</u>	<u>JULY 31ST</u>	\$ <u>19.25</u>			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>SOUTHERN PRINTING DUDLEY ST BURSAW. 28425</u>				b. Coordinated Committee Name		d. Comments <u>Brochure</u>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>185.45</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>EM</u>	<u>Cheque</u>	<u>P</u>	<u>10-3-13</u>	\$ <u>181.46</u>			
				\$			
5. Total only this Page						\$ <u>200.71</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>349.70</u>	
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)							

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) <i>EUGENE MULLIGAN</i>		2. ID Number <i>14LN07</i>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>EUGENE MULLIGAN 214 S. DICKERSON ST BURGAW 28425</i>		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date <i>7-22-13</i>	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
		i. Original Receipt Amount <i>\$ 1500.00</i>	
		f. Purpose Code <i>L</i>	
		j. Election Sum to Date <i>\$ 1500.00</i>	
b. Job Title/Profession <i>CANDIDATE</i>		c. Employer's Name/Specific Field	
		g. Comments	
		k. Account Code <i>EM</i>	
l. Form of Payment <i>TRANSFER</i>		m. Required Remarks	
		n. Date (mm/dd/yyyy) <i>12-2-13</i>	
		o. Amount <i>\$ 800.00</i>	
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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		\$ <i>800.00</i>	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ <i>800.00</i>	
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)			



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

Kim Westbrook Strach
 Executive Director

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: EUGENE MULLIGAN

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) 214 S DICKELSON STREET
BORGAN
NC 28425

Treasurer Phone: _____

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.

1-27-14
 Date Signed

Eugene Mulligan
 Signature

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