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
DON NICHOLS FOR SHERIFF	LHL 195
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
101 MOONEY COURT HAMPSTEAD NC 28443	6-10-14
	e. Phone Number
	910-352-1261

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	JAN 1, 2014	APRIL 28, 2014	KATHLEEN GALE (910-270-1759)

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

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
	X FIRST QUARTER AUG	
☐ 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	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
FIRST FEDERAL		CAMPAIGN ACCT	ABC
			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.

KATHLEEN GALE	Kathleen Gale	6/10/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	6/10/14	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

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
DON NICHOLS FOR SHERIFF	1ST QUARTER PLUS	LHL 195

Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 65.00	$ 65.00
6) Contributions from Individuals	(CRO-1210)	$ 3782.67	$ 3782.67
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)*		$ 3,847.67	$ 3,847.67
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 3,535.47	$ 3,535.47
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-1510)	$	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 3,535.47	$ 3,535.47
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 312.20	$ 312.20
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)	$	$

Contributions from Individuals

Pg 1 of 6

Amendment ☐ Yes ☐

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
DON NICHOLS FOR SHERIFF	LHL195

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
KATHLEEN GALE 413 W. WINDWARD LANDING RD. HAMPSTEAD, NC 28443 (910) 270-1759	RETIRED / ADMIN ASST	N/A	CANDIDATES MOTHER-IN-LAW	$135.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK		02/20/2014	$ 75.00
☐	ABC	CHECK		04/09/2014	$ 60.00
☐					$

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
Barbara Morgan 649 Bay Harbor Dr Hampstead NC 28443 910-319-0858	Retired	AT&T		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	check		2/20/2014	$ 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
Sheila Korff 169 Leeward Lane Hampstead NC 28443 303-725-8999	Housewife/Mother			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	Check		2/23/14	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 485.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 3782.67

Contributions from Individuals

Pg 2 of 6

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
DON NICHOLS FOR SHERIFF	LHL 195

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
WILLIAM H. BLAKE 2740 HWY 53 WEST BURGAW, NC 28425	LAND SURVEYOR	SELF EMPLOYED WILLIAM H. BLAKE LAND SURVEYOR		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK		04/12/2014	$ 300.00
☐					$
☐					$

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
WILLIAM L. WHITEHEAD 3421 HWY 210 W. HAMPSTEAD, NC 28443	CONTRACTOR	RETIRED / SELF EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK		03-26-2014	$ 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
PAMELA CHUMLEY 976 WASHINGTON ACRES RD HAMPSTEAD NC 28443				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK		04-05-14	$ 100.00
☐					$
☐					$

4. Total only this Page	$ $500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3782.67

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
DON NICHOLS FOR SHERIFF	LHL 195

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
PETER HEIMAN III KATHERINE HEIMAN 100 LEEWARD LANE HAMPSTEAD, NC 28443	MARINE CORP OFFICER	CAMP LEJEUNE JACKSONVILLE NC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK		03-03-2014	$ 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
DOROTHY CUMINSKEY 201 LEJEUNE RD CAPE CARTERET, NC 28584	POLICE OFFICER	NEW BERN POLICE DEPT NEW BERN, NC	SISTER	$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	PAY PAL CREDIT CARD		03-05-2014	$ 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
BILLY TAYLOR 100 GOLD COAST DRIVE HAMPSTEAD, NC 28443	CONSTRUCTION FOREMAN	TMC CONSTRUCTION 1406 CASTLE HAYNE RD WILMINGTON, NC 28401		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	PAY PAL CREDIT CARD		03-04-14	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3782.67

Contributions from Individuals

Pg 4 of 6

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
DON NICHOLS FOR SHERIFF	LHL 195

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
DONALD NICHOLS, SR. 113 LEJEUNE ROAD CAPE CARTERET, NC 28584	RETIRED		FATHER	$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	PAY PAL CREDIT CARD		03-03-14	$ 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
JAMES RODENBERG 220 HEARTHSIDE DRIVE ROCKY POINT, NC 28457	CHIEF OF POLICE	NEW HANOVER REGIONAL MEDICAL CTR		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	PAY PAL CREDIT CARD		02-24-14	$ 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
JOSEPH GURNEY 9468 NIGHT HARBOR DRIVE LELAND, NC 28451	UNEMPLOYED	FORMERLY SHERIFFS DEPT		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	PAY PAL CREDIT CARD		03-05-14	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 225.00
5. Total of ALL CRO-1210 Pages *(This line must be online 6 of Detailed Summary Page CRO-1100)*	$ 3,782.67

Contributions from Individuals

Pg 5 of 6

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
DON NICHOLS FOR SHERIFF	LHL195

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
DON NICHOLS 101 MOONEY CT. HAMPSTEAD, NC 28443 910-352-1261	CAPTAIN OF POLICE DEPT	NHRMC	CANDIDATE FILING FEE (+OTHER EXPENSES)	$ 1522.67

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	personal CHECK		2/18/14	$ 700.00
☐	ABC	personal VISA		2-8-14	$ 29.02
☐	ABC	personal AMEX		3-6-14	$ 793.65

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
CHRISTOPHER B. DAVIS ~~[illegible]~~ 165 LEEWARD LANE HAMPSTEAD, NC 28443	AIR FORCE RESERVE			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK #1162		3-9-14	$ 300.00
☐					$
☐					$

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
LORELLE FEEZOR 218 SEA GULL LANE WILMINGTON, NC 28409	LAWYER	NHRMC		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CHECK #3247		3-11-14	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 1,872.67
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,782.67

Contributions from Individuals

Pg 6 of 6

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 Name (Add Form if applicable)	2. ID Number
DON NICHOLS FOR SHERIFF	LHL 195

3. Contributions from Individuals ☐ 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
PHILIP BORNEMAN 17901 HWY 421 WATHA, NC 28478	MECHANIC	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	ABC	CASH		03-12-14	$ 50.00
☐	ABC	CASH		03-15-14	$ 50.00
☐					$

3. Contributions from Individuals ☐ 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. Contributions from Individuals ☐ 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 Contributions this Page	$ 100.00
5. Total Contributions to Date (Add CRO 1200 and CRO 1300)	$ 3,782.67

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
DON NICHOLS FOR SHERIFF	LHL 195

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☑ Add ☐ Remove	ABC	CASH		04/12/2014	$ 20.00
☑ Add ☐ Remove	ABC	CHECK		03/26/2014	$ 25.00
☑ Add ☐ Remove	ABC	CHECK		04/08/2014	$ 20.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$

4. Total only this Page	$ 65.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 65.00

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
DON NICHOLS FOR SHERIFF	LHL 195

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
PENDER COUNTY BOARD OF ELECTIONS BUREAU		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 700.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	PERSONAL CHECK	H	02-18-14	$ 700.00	FILING FEE
				$	

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
OFFICE MAX 4715 NEW CENTRE DRIVE WILMINGTON, NC 28405		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 29.02

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	PERSONAL VISA	O	2-8-14	$ 29.02	NAME BADGE EXPENSE
				$	

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
VISTA PRINT		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 793.65

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	PERSONAL AMEX	B	3-6-14	$ 793.65	HAND OUT INFORMATION
				$	

5. Total only this Page	$ 1522.67
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)*	$ 3,535.47

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
DON NICHOLS FOR SHERIFF	LHL 195

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
DONNA NICHOLS 101 MOONEY COURT HAMPSTEAD, NC 28443		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 160.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	COMBINED CHECK 1022	O	02-18-14	$ 85.59	REIMBURSE FOR PORTRAIT INNOVATIONS EXPENSE
ABC	COMBINED CHECK 1022	K	03-19-14	$ 67.98	REIMBURSE FOR COSTCO PRINTCARTRIDGE EXPENSE

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
DONNA NICHOLS (continuation of above)		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ (see above)

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	COMBINED CHECK 1022	K	4-2-14	$ 1.60	REIMBURSE FOR OFFICE EXPENSE
ABC	COMBINED CHECK 1022	K	3-18-14	$ 5.34	REIMBURSE FOR OFFICE EXPENSE

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
DON NICHOLS 101 MOONEY COURT HAMPSTEAD, NC 28443		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 1,645.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	CHECK 1023	B	03-24-14	$ 1645.88	REIMBURSE FOR EXPENSE TO DIRT CHEAP SIGNS
				$	

5. Total only this Page	$ 1806.39
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)*	$ 3,535.47

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): DON NICHOLS FOR SHERIFF

2. ID Number: LAL195

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): PAY PAL ON-LINE CONTRIBUTION FEES: CUMINSKY $6.10, TAYLOR $6.10 NICHOLS SR $1.75, RODENBERG $3.20 GORNEY $2.48

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 19.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	AUTOMATIC DEDUCTION	C		$ 19.63	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): STAPLES 322 S. COLLEGE RD WILMINGTON 28403

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 101.18

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	check 1019	B	2-22-14	$ 53.49	BUSINESS CARDS
ABC	check 1020	B	3-6-14	$ 47.69	ADDITIONAL BUS CARDS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): STEVE SPOON T-SPOON TEEZ 206 B S. TOPSAIL DR SURF CITY, NC 28445

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 85.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ABC	check 1021	O	3-27-14	$ 85.60	T-Shirts
				$	

5. Total only this Page $ 206.41

6. Total of ALL CRO-1310 Pages $ 3535.47

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