Disclosure Report Cover

Ame	ndment
M	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								
The Committee to Elect Omar Beasley									
b. Mailing Address (include City, State and Zip Code)							d. Date Filed		
Attn: Daniel Meier 100 E Parrish St							01/31/2014		
Suite 300			•				e. Phone Number		
Durham, NC 27701 919-455-3800									
2. Report Year	2. Report Year 3. Period Start Date (mm/dd/y				te	5. Treasurer Full I	Name		
2013	10/22/2013		12/3	1/2013		Daniel Meier			
6. Type of Committee (Check One)			e of Report	(check only one type of rep			rt from one category)		
Candidate Campa	nign 🔲 Party	Municip	al		State/C	County	Referendum		
☐ PAC	Referendum		Organizational			Organizational	Organizational		
Independent Expenditure	Joint Fundraiser		Thirty-five day	,		Quarterly	Pre-referendum		
Legal Expense Fu			D			F**			
7. Type of Fund "Booster Fund"	(if applicable, check one)		Pre-primary		님	First	Final		
Building Fund		ı ≔	Pre-election Pre-runoff			Second Third	Supplemental Final Annual		
ballding I and		_	Semi-annual			Fourth	Special		
		l	Mid Year			Semi-annual	зреста		
Other:		X	Year End		П	Mid Year	10. Special Report Name		
-		-	Final	lH		Year End	Not opening stepos to titule		
8. Number of Funds	raisers this Report	l — `				Final			
	CONTO CORRES AREQUESTS	_				Special			
11. Account Inform	otion	<u></u>	1	11 A		Information			
a. Financial Institution I			· · · · ·			itution Full Name			
Harrington Bank				CEA A' HAREL	CLEAR READ	dention toda taside			
b. Purpose	c. Account Code			b. Purpose			c. Account Code		
All Expenses			:						
•	1		·						
	d. Period Begin Balance	•	· -				d. Period Begin Balance		
	\$ 640.36						\$		
CERTIFICATION		i d			. £ .5		***		
I certify that the Con	mittee or Fund is in compli	ance wit	h all applica	ble pro	visions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of		
							further certify that this report		
_	correct and that I have been	trained	by the NC S	tate Bo	ard of l	lections.	71261114		
Daniel Meie					7/		7/25/14		
FOR OFFICE USE O	Printed Name of Signer		Si	gnature o	f Appoin	ted Treasurer	Date		
	INLI				(T)()	IC. T	Delivery Method		
Date Received:	IN-PERSON		Employee:		<u> </u>		Normal Mail		
Date Postmarked			Employee:			<u> </u>	Registered Mail Hand Delivered		
Date Scanned:	JUL 2 5 2014	:	Employee:			<u></u>	Electronically Filed Signer has not received		
Date Data Entere	ed: DURHAM BOE	•	Employee:	· 			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.									

Amendment

		m Individuals				Pg	<u>1</u> of	2	X Yes	No No	
		ividual contributions		or contri	ibutions	unde	r \$50 if form CR	7			
1. Committee Full Name (and Fund if applicable)							2. ID Number				
The Com	mittee to Elect Or	nar Beasley		!							
3. Contri	ibutor Informatic	on	\boxtimes	Add		Ren	iove	-		****	
a. Full Nar	ne, Mailing Address	& Phone		b. Job Ti	itle/Profes	sion		d. Comment	ts		
	city, state, & zip)			Attorne	ey		· 				
Fred Batt	_]			
P.O. Box				e. Employer's Name/Specific Field							
Durham,	NC 27702			Self-employed							
								e. Election Sum to Date			
								\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Descri	ption		j. Date (mm/dd/yy	y) k. Amount			
	1	Check					10/28/2	013	\$	200.00	
			<u> </u>						\$		
									\$		
3. Contri	ibutor Informatio)A	\boxtimes	Add		Rem	nove	*	•	1	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profes	sion		d. Comments			
	city, state, & zip)			Manag	ing Dire	ctor					
Roderick											
	nt Marks Rd.			e. Employer's Name/Specific Field							
Durham, NC 27707			Wells Fargo Advisors								
				!				e. Election S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-R	Gind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					11/04/2	014	\$	100.00	
			i.						\$		
									\$		
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove		3		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	tle/Profes	sion		d. Comments	s		
	city, state, & zip)			1	erk						
Cathy Bro							<u> </u>				
	ail Service Center			c. Employ	yer's Nam	e/Spe	cific Field				
Raleigh, NC 27699				1/6	he G	/>[/	nd	- Flastin C	4- D-4-		
				60	• •	٠- ر	ur /	e. Election S			
c D ·			1					\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yy		k. Amount		
	1	Money Orde	ļ				11/04/20)13	\$	200.00	
				-					\$		
			<u> </u>		<u></u>				\$		
	only this Page		1		:			\$		500.00	
5. Total	of ALL CRO	-1210 Pages				4		e.		3 (00 00	

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

3,600.00

\$