

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	
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 Suite 300 Durham, NC 27701		10/28/2013	
		e. Phone Number	
		919-455-3800	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2013	09/24/2013	10/21/2013	Daniel Meier
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
7. Type of Report (Check One)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </div> <div style="width: 30%;"> <input type="checkbox"/> Organizational <input type="checkbox"/> 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 </div> <div style="width: 30%;"> <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 </div> </div>			
8. Number of Fundraiser(s) this Report			
9. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name	
Harrington Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
All Expenses	1		
d. Period Begin Balance		d. Period Begin Balance	
\$ 1,188.66		\$	
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.			
Daniel Meier Printed Name of Signer		10/28/2013 Date	
IN PERSON Signature of Appointed Treasurer			
FOR OFFICE USE ONLY			
Date Received:	OCT 28 2013	Employee:	<u> </u>
Date Postmarked:	DURHAM BOE	Employee:	<u> </u>
Date Scanned:	<u> </u>	Employee:	<u> </u>
Date Data Entered:	<u> </u>	Employee:	<u> </u>
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <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

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

Amendment

☐ Yes ☒ No

Committee Name (and Fund, if applicable)		Kind of Report	Election Cycle	
The Committee to Elect Omar Beasley		Pre-Election		
Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,188.66	\$ 1,320.96	
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00	\$ 325.00	
6) Contributions from Individuals (CRO-1210)		\$ 796.70	\$ 2,911.70	
7) Contributions from Political Party Committees (CRO-1220)		\$	\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 250.00	\$ 450.00	
9) Loan Proceeds (CRO-1410)		\$ 500.00	\$ 500.00	
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)		\$ 1,646.70	\$ 4,186.70	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures (CRO-1310)		\$ 2,195.00	\$ 4,386.57	
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)		\$	\$ 561.10	
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)		\$ 2,195.00	\$ 4,947.67	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 640.36	\$	
ADMINISTRATIVE INFORMATION				
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 806.83		
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)		\$	\$	

Aggregated Contributions from Individuals

1 of 1

☐ Yes ☒ No

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

[illegible]

Contributions from Individuals

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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 and Fund (if applicable)						2. ID Number
The Committee to Elect Omar Beasley						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Steve Tolar 8709 Mill House Ln. Bahama, NC 27503			Consultant			
			c. Employer's Name/Specific Field			
			Steve Tolar LLC	e. Election Sum to Date		
			\$ 96.80			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	cc		10/01/2013	\$ 96.70	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Lowell Siler 16 Covington Lane Durham, NC 27712			County Attorney			
			c. Employer's Name/Specific Field			
			Durham County	e. Election Sum to Date		
			\$ 200			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2013	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
William Peebles Duruskie Lane Raleigh, NC 27701			Insurance Agent			
			c. Employer's Name/Specific Field			
			Peebles Insurance	e. Election Sum to Date		
			\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 546.70	
5. Total of ALL CRO-1210 Pages					\$ 796.70	

Contributions from Individuals

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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 (and Fund if applicable)				2. ID Number	
The Committee to Elect Omar Beasley					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Robert Dillard Teer, Jr. P.O. Box 13508 RTP, NC 27709		Retired			
		c. Employer's Name/Specific Field			
		Teer Group		e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/03/2013	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				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
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
6. Total only this Page					\$ 250.00
7. Total of All CRO-1210 Pages					\$ 796.70

Contributions from Other Political Committees

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Amendment
☐ Yes ☒ No

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

1. Committee Full Name and Address (Applicable)				2. ID Number	
The Committee to Elect Omar Beasley					
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Elect Pam Karriker City Council 2308 Stroller Ave. Durham, NC 27705		b. Type of Committee		d. Comments	
		<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		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:			
				\$ 250.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/14/2013	\$ 250.00	
				\$	
				\$	
4. Contributor Information					
		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1				\$	
				\$	
				\$	
5. Contributor Information					
		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total on this Page				\$ 250.00	
5. Total on ALL CRO-1230 Pages				\$ 250.00	

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 Name and Fund (Applicable)						2. ID Number
The Committee to Elect Omar Beasley						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Disbursement Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Shirley Beasley						
Durham, NC		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		
				\$ 400.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check		09/28/2013	\$200.00	Poll Worker	
1	Check		10/15/2013	\$125.00	Poll Worker	
5. Disbursement Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Gerry Johson www.gerryjohnson-signs.com						
		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		
				\$ 2,073.20		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/14/2013	\$570.00	Flyers	
				\$		
6. Disbursement Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
NC Democratic Party 220 Hillsborough Rd. Raleigh, NC 27713						
		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		
				\$ 500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	F	10/16/2013	\$500.00	Vote Builder	
				\$		
					\$ 1,395.00	
7. Total (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)					\$ 2,195.00	
8. Disbursement Codes (Required Coordinated Committee Name in 2b)						
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 (4)						

Disbursements

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Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

The Committee to Elect Omar Beasley						2-13 Number:	
Please use separate CRO-1100 forms for each type of Disbursement.							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rufus Sales 4416 Den Field St Durham, NC 27704 4416 Den Field St				b. Coordinated Committee Name		d. Comments Poll Staff Temporary Work	
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 \$ 800.00			
f. Account Code 1		g. Form of Payment Check		h. Purpose Code		i. Date (mm/dd/yyyy) 10/07/2013	
						j. Amount \$800.00	
						k. Required Remarks Poll Worker	
						\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)							
b. Coordinated Committee Name							
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
d. Comments							
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	
						\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)							
b. Coordinated Committee Name							
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
d. Comments							
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	
						\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)							
b. Coordinated Committee Name							
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
d. Comments							
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	
						\$	
5. Total on this Page						\$ 800.00	
6. Total of All CRO-1100 Pages						\$ 2,195.00	
(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. Expense Codes (Use applicable expense code from the list below) 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)							

Loan Proceeds

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Amendment

☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Name and Organization The Committee to Elect Omar Beasley		2. ID Number	
3. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fred White 1015 Jerome Rd. Durham, NC 27713		b. Job Title/Profession Retired	d. Comments Loan to Beasley
		c. Employer's Name/Specific Field IBM	e. Start Date (mm/dd/yyyy) 10/07/2013
			f. End Date (mm/dd/yyyy)
g. Rate 0 %	h. Security Pledged	i. Account Code	j. Form of Payment Check
			k. Amount \$ 500.00
l. Full Name of Lending Institution N/A		m. Loan Number	
4. Endorser's Vendors			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$
5. Total of ALL CRO-1410 Pages		\$ 500.00	

Outstanding Loans

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Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
The Committee to Elect Omar Beasley			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Omar Beasley 3204 Skybrook Ln. Durham, NC 27703			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field Self	01/12/12
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 2,432.38	\$ 306.83
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Fred White 1015 Jerome Rd. Durham, NC 27713		Retired	Loan
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			10/07/2013
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total Amount Due			\$ 806.83
5. Total Amount CRO-TSIP Pays			\$ 806.83