Dicaloguna	Donant Co.	T.O.W				Amendment
	Report Co		.6		1	☐ Yes ☐ No
	form to update in		normation, must	be signed and su	ibmitted a	long with other detailed forms.
1. Committee I		normation.				
a. Full Name	MOTHALION					L. ID Noorber
			**************************************			c. ID Number
commi	77EE TO	FLACT	RICHARD	Bucha	han	
b. Mailing Address	s (include City, Stat	e and Zip Code)				d. Date Filed
1821	nasp	School	RD			1-8-14
Dunning	m, NC	22221				e. Phone Number
DOKAN	111, 100	AUUGH				e. rnone Number
						530-1652
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period End 1)ate (mm/dd/yy)	5. Treasu	rer Full Name
2014	12-28-13		1-8-14		500 N	kie Wilson
			1			port from one category)
Candidate Can	mittee (Check C		nicipal	State/County	type of re	Referendum
PAC	· · =	erendum	Organizational	Organizat	ional	Organizational
Independent E:	xpenditure Join	t Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Legal Expense	Fund		Pre-primary	☐ First		Final
			Pre-election	☐ Seco	ond	Supplemental Final
7. Type of Fund	d (if applicable,	check one)	Pre-runoff	Thire	d	Annual
Booster Fund		<u> </u>	Semi-annual	Four	th	Special
☐ Building Fund		牌	Mid Year	Semi-ann		
Other:		H	Year End Final		Year End	10. Special Report Name
8. Number of F	mulraisers this	Revort H	Special	Final	Elia	
			Special	Special		
11 Account in						
a. Financial Institu			***************************************	Account Informancial Institution		
`			****	THE PARTY OF THE P	A GII I I IIII II	
	C17122N2	BANK	***			
b. Purpose	100000	c. Account Code	b. Pu	rpose	<u> 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -</u>	c. Account Code
		DDA	j			
		d. Period Begin Ba	Jones			J Davied Degin Delange
			папсе			d. Period Begin Balance
		\$ 0				\$
CERTIFICATI	ON					
I certify that the	Committee or Fur	d is in compliance	with all applicable	provisions of Ar	ticle 22A, 2	22B & 22D-22M of Chapter 163
						funds. I further certify that this
report is comple	ete, true and correc	t and that I have be	een trained by the N	NC State Board of	Elections.	
0.5	, Q ,		0,0	~ ^ _		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
KICHARD	rinted Name of Sign	hagaa	Thomas .	of Appointed Treas	anon	1-8-14
FOR OFFICE		er LIVOUN	Signature	or Appointed Treas	surer	Date
		0.0.004				
Date Receiv	ed: <u>JAN</u>	0 8 2014	Employee:		- F	elivery Method Normal Mail
	, DHE	HARDOR			ing. F	Registered Mail
Date Postmarked: DURHAM BOE Employee: ☐ Registered Mail ☐ Hand Delivered						
Date Scanne	d•		Employee:			Electronically Filed
Duw Goallik			Linproyee.			
Date Data E	ntered:		Employee;			☐ 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. NC State Board of Elections

August 2008

CRO-1000

Detailed SummaryUse 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						
COMMITTER TO ELET RICHARD BUG	hanan	029				
Start of Election Cycle: January 1,	Total this Reporting Period	Total this Election Cycle				
4) Cash on Hand at Start		\$ 0	\$ 0			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$100.00			
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)	\$ 100.00	\$ 100.00			
<u>EXPENDITURES</u>			CONTRACTOR OF THE CONTRACTOR O			
13) Disbursements		3				
13a) Operating Expenditures	(CRO-1310)	\$	\$			
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	5, 16 and 17)	\$ 0	\$ 0			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 100.00	\$ 100.00			
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)	\$	\$			

		rom Inaiviaua		Pg	1 of _	1	L Yes L 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)						<u> 2. </u>	2. ID Number	
COMMITTEE TO ELECT RICHARD BUCKANAY								
	tributor Inform							
a. Full Name, Mailing Address & Phone			Add Remove b. Job Title/Profession			d. Comments		
(include city, state, & zip)						10NRY TO		
RICHARD D BUCHANAA			Ratireo			pan BANIC		
1881 GLANN School RD			c. Employer's Name/Specific Field DURHAM COUNTY			ACCOUNT		
DURHAM, NC BONOY			Shariff's Office			lection Sum to Date		
			STURITY			\$ 100.00		
919 530-1652			The state of the s					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	уу)	k. Amount	
		CASH	क ०१६०	Account	1-8-14		\$ 100.00	
							\$	
							\$	
3. Con	tributor Inform	ation		Add 🔲 Ret	nove			
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
(includ	de city, state, & zip)							
					/C/R. Tiala	-		
				c. Employer's Name/Specific Field				
						e. E	lection Sum to Date	
					\$			
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descrip		Data (manual del la man		k. Amount	
	g. Account Code	n. Form of Fayment	i. in-Kina Descrip	щоп	j. Date (mm/dd/yy)	, y,		
							\$	
							\$	
							\$	
3. Cont	iributor Inform	ation		Add Ren	nove			
Contract of the	ame, Mailing Addr			b. Job Title/Profes	sion	d. C	omments	
(includ	le city, state, & zip)		a la limitation management					
c. Employer's Name/Specific Field								
						e. El	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	yy)	k. Amount	
							\$	
							\$	
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www.com.com.com.com.com.com.com.com.com.com	al only this P			Printer and States	granistania i salah s	\$	100.00	
5. Tot	al of ALL CH	RO-1210 Pages	Certain and the second	***		\$	100.00	

Amendment