Amendment Disclosure Report Cover

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 undate information.

1. Committee Information						
a. Full Name					c. ID Number	
	Flori	One .	1. 1. L)		
b. Mailing Address (include City, State	a and Zin Code)	(mego	i Lurtis 14	When	d. Date Filed	
o. Maining Address (include City, State						
111 DAKMONT	· Circi	le			1 - 2 8 - 1 4 e. Phone Number	
Durham No	27	712			919-682-414141	
2. Report Year 3. Period Start	Date (mm/dd/m	y 4 Period I	and Date (modeller)	5. Treasure	r Pull Name	
0.010		J. A. A. C. HOLE .	ma rate (marace)))	/\		
2013 17-01-	13	19-3	-2014	IVATT	ALIED EDWAM.	
6. Type of Committee (Check O				type of repo	rt from one category)	
Candidate Campaign Part		funicipal	State/County		Referendum	
	erendum	Organizationa	I— ·	ional	Organizational	
☐ Independent Expenditure ☐ Join	t Fundraiser	Thirty-five da	y Quarterly		Pre-referendum	
Legal Expense Fund		Pre-primary	☐ First		Final	
		Pre-election	Seco	ond	Supplemental Final	
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thir	d	Annual	
Booster Fund		Semi-annual	Four	th	Special	
Building Fund		Mid Yea	r Semi-ann	ual		
	l C	Year End	d 🔲 Mid	Year	10. Special Report Name	
Other:		Final	Year	r End		
8. Number of Fundraisers this	Report [Special	Final			
			Special			
			· · · · · · · · · · · · · · · · · · ·			
11. Account Information a. Financial Institution Full Name			11. Account Information a. Financial Institution			
a. Financial Institution Full Name			a. Financiai insutution	run Name		
SULVE PRIST						
b. Purpose	c. Account Code	· · · · · · · · · · · · · · · · · · ·	b. Purpose		c. Account Code	
The state of the s					30.110000000	
Campaign						
() on the	d. Period Begin	Ralance			d. Period Begin Balance	
Campaign Committee Funds	22/					
Tundo	\$ 386	7			\$	
CERTIFICATION						
I certify that the Committee or Fun	nd is in complian	ce with all appl	icable provisions of Ar	ticle 22A, 22F	8 & 22D-22M of Chapter 163	
of the NC General Statutes and tha						
report is complete, true and correct					inds. Truther certify that this	
/ complete, true and correct	t and that I have	WA.	The State Board of	Dicetions.		
Marin & Fr		1114	Ad work of	•	1-28-14	
Printed Name 1	NAME	<u> </u>	nature of Appointed Dea			
	"ROUN	Sig	nature of Appointed Dea	surer	Date	
FOR OFFICE USE ONLY			1			
Date Received:	3 1 2014	Employ	vee:	. <u>Del</u> i	ivery Method	
,				- 딜	Normal Mail	
Date Postmarked: DURH	IAM BOE	Employ	vee:	브	Registered Mail	
		F		- ⊠	Hand Delivered	
Date Scanned:		Employ	vee:		Electronically Filed	
		-	***************************************		Ciaman has mat massived	
Date Data Entered:		Employ	/ee:		Signer has not received mandatory training	
Place Notes This farm	nnat ha		ittaa infamti			
Please Note: This form car						
			s information, or acc			
	tha Ctatamant a	of Organization	1 (CRO-2100A-E) to	make comm	ittee changes	

Amendment ☐ No ☐ Yes

Detailed Summary	Amendment Yes No		
Use this form to summarize all disclosure reporting forms and			
1 1 1	2. Type of	Keport 3	. ID Number
Committee to Elect Omega	Parke		T
Start of Election Cycle: January 1, <u>2013</u>	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3864	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 10000	\$
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,	lld and lle)	\$ 138 64	\$
<u>EXPENDITURES</u>			
13) Disbursements		e de la Companya de La Companya de la Com	
13a) Operating Expenditures	(CRO-1310)	\$ 4860	\$
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, 13	5, 16 and 17)	\$ 4800	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 90 64	\$
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)	\$	\$

Contributions from Individuals Pg . ☐ No of 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 arke Add 3. Contributor Information Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Omega C Parker 111 Oakmont Circle c. Employer's Name/Specific Field e. Election Sum to Date NC 277/3 DAV ha ion. Prior g. Account Code j. Date (mm/dd/yyyy) k. Amount 00 2-15-13 П \$ \$ 3. Contributor Information Add Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date . Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 3. Contributor Information Add Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date g. Account Code Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ \$ 4. Total only this Page \$ 0000 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Disbursen	ients				Pg of	r	Amendment Yes	□ No
Use this form to	report expenditures	from the commit	tee for o	perating exp	- 0	`		
committees and	coordinated party ex	xpenditures		1 0 1				
1. Committee F	full Name (and Fun	d if applicable)			<u> </u>	2.	. ID Number	
Commi	the to E	Tect Vi	near	. O £	av Ker			
3. Type of Dish		e use separate Ck				bursem	ent.)	
Operating Exp		ntributions to Candida				Name of the Party	Party Expenditure	es
4. Payee Infort	nation			Add 🔲	Remove		1. 1.	
1.1	failing Address & Pr	none		b. Coordinate	ed Committee Nan	e d.	Comments	
(include city, state		:,						
Sun tru	14			c. Level Regis	stered (Specify)			
0011) /14	· 5 7			Federal	County:			
				☐ State	Municip	ality: e.	Election Sum to	Date
						9	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (l mm/dd/yyyy)	i. Amount	k Rem	uired Remarks	33, 1
	<u> </u>	H		to Dec	\$ 11 6 00	1 ×		<u></u>
		+		2013	\$ 7 <i>5</i> —	TAC	Count 1	715
4. Payee Inform					<u> </u>			
	ling Address & Phone		L	Add	Remove de Committee Nam	<u>ь</u> Ы	Comments	nai nina
(include city, sta				b. Coordinate	cu Continuitée Man	u.	Conditions	<u> </u>
				c. Level Registered (Specify)				
				Federal State	County:	ality: e.	Election Sum to	Date
							<u> </u>	- A - H
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	aired Remarks	
					\$			
					\$			
4. Payee Inform	nation			Add 🔲	Remove			
	ing Address & Phone			b. Coordinate	ed Committee Nam	e d.	Comments	
(include city, sta	te, & zip)	· · · · · · · · · · · · · · · · · · ·	· · ·					
				c. Level Registered (Specify)				
				Federal County:			····	
				State	☐ Municip	ality: e.	Election Sum to	Date
						\$	5	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks	H. Bakes
					\$			
					\$	 		
5. Total only th	is Page					\$	\$	
	CRO-1310 Pages					4		
	line 13a of Detailed Sui	mmary Page CRO-11	00 if One	ratino Expense	25)		.	
_	line 13b of Detailed Sur					1) \$	•	
(This line goes in	line 13c of Detailed Sur	nmary Page CRO-11	00 if Coo	rdinated Party	Expenditures)			
	odes (List detailed							
A* - Media	B* - Printi			undraising			r Candidate	F
E - Salaries	F* - Equip J - Penalti			itical Party ffice Expen			Public Office to Legal Exp	
I - Postage O* Other	J - Penan	165	W . O	mice Expen	ses V •⊓	vnauvi	i to rickai riyh	CHOC I WILL
	re detailed explanat	ion in required r	emarks	field (k)				

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