

Disclosure Report Cover

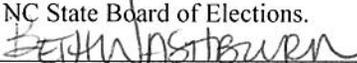
Amendment

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

APR 28 2014 APR 28 2014

1. Committee Information			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT AMANDA DAVIS		2J6I2L	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
606 OLD STONECUTTER ROAD RUTHERFORDTON, NC 28139			
		e. Phone Number	
		828-289-1567	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
	02/26/2014	04/27/2014	BETH WASHBURN
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<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		Municipal State/County Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
2			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
CAROLINA TRUST			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN			
	d. Period Begin Balance		d. Period Begin Balance
	\$ 4100.00		\$
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.			
BETH WASHBURN			04/27/2014
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	4-28-14	Employee:	DL
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT AMANDA DAVIS		2J6I2L
Start of Election Cycle: January 1, <u>2014</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4100.00	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1796.00	\$ 1796.00
6) Contributions from Individuals (CRO-1210)	\$ 3239.59	\$ 7853.08
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 4000.00
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)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 5035.59	\$ 10409.49
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 7031.14	\$ 7031.14
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)	\$ 1305.59	\$ 2579.49
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 8336.73	\$ 9610.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 798.86	\$ 798.86
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 4000.00	
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)	\$	\$

Aggregated Contributions from Individuals

Page

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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			
COMMITTEE TO ELECT AMANDA DAVIS		2J612L			
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 1.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 1.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 2.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 5.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 1.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/01/2014	\$ 2.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CHECK		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 45.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/12/2014	\$ 30.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 567.00
5. Total of ALL CRO-1205 Pages					\$ 1796.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Page

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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			
COMMITTEE TO ELECT AMAND DAVIS		2J612L			
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 40.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 1.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 11.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 5.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 1.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 45.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 30.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 25.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 10.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 11.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 45.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 45.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 45.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		CASH		04/19/2014	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 524.00
5. Total of ALL CRO-1205 Pages					\$ 1796.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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	
COMMITTEE TO ELECT AMANDA DAVIS				2JLJ2L	
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
RAY & PAT WORKMAN 385 BIG ISLAND ROAD FOREST CITY, NC 28043			RETIRED		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			RUTHERFORD COUNTY		\$ 70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CASH		4-12-14	\$ 30.00
<input type="checkbox"/>		CHECK		4-19-14	\$ 40.00
<input type="checkbox"/>					\$
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
SCOTT HOYLE 1150 OLD STONECUTTER ROAD RUTHERFORDTON, NC 28139			OWNER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			OAKLAND FEED+SEED		\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK		3-26-14	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. 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
THOMAS HELTON 601 MUSKEY ROAD ELLENBORO, NC 28040			RETIRED		
			c. Employer's Name/Specific Field		e. Election Sum to Date
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK		4-14-14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 370.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3239.59

Contributions from Individuals

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	
COMMITTEE TO ELECT AMANDA DAVIS						2JL6I2L	
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	
JERRY QUEEN 187 VEGAS DRIVE BOSTIC, NC 28018							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CHECK		3-22-14	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
MARC LEDFORD 140 COVENTRY LANE FOREST CITY, NC 28043				BAIL BONDSMAN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				C+M BAIL BONDING		\$ 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"/>		CHECK		4-7-14	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
MICHAEL ROBERTS 1367 NC 108 HWY RUTHERFORDTON, NC 28139				DOCTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RUTHERFORD OETHOPEDICS		\$ 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"/>		CHECK		4-4-14	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages						\$ 3239.59	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg 3 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	
COMMITTEE TO ELECT AMANOA DAVIS					2JL6I2L	
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
BRENDA YELTON 160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139				OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				COLONIAL MANNER		\$ 300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		4-2-14	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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
CHERRY SMITH 2043 OAKLAND ROAD FOREST CITY, NC 28043				SECRETARY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				YOKEFELLOW		\$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		4-19-14	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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
JEAN DAVIS 241 GRIFFITH ROAD FOREST CITY, NC 28043				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				BRAUGHTON		\$ 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"/>		CHECK		3-13-14	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 610.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3239.59	

Contributions from Individuals

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	
COMMITTEE TO ELECT AMANDA DAVIS					2J6J2L	
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	
CLAY SMITH 433 SOUTH CREEK ROAD BOSTIC, NC 28018			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CLAY SMITH CONCRETE		\$ 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"/>		CHECK		4-19-14	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
BETH WASHBURN 125 PILGRIM ROAD BOSTIC, NC 28043			OFFICE MANAGER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MOSELY LAW FIRM		\$ 108.90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CASH		4-1-14	\$ 4.00	
<input type="checkbox"/>			ICE	4-19-14	\$ 29.90	
<input type="checkbox"/>			VOLUNTEER	4-19-14	\$ 75.00	
3. 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	
KRISTEN BAILEY 2176 FERRY ROAD MOORESBORO, NC 28114			HOMEMAKER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			VOLUNTEER	4-19-14	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 408.90	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3239.59	

Contributions from Individuals

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	
COMMITTEE TO ELECT AMANDA DAVIS						2J6I2L	
3. 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	
HEATHER DALTON 2176 FERRY ROAD MOORESBORO, NC 28114				UNEMPLOYED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			VOLUNTEER	4-19-14	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. 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	
JOEY DALTON 2176 FERRY ROAD MOORESBORO, NC 28114				UNEMPLOYED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			VOLUNTEER	4-19-14	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. 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	
JEFF RUPPE 11.44 OLD US HWY 221A MOORESBORO, NC 28114				MAINTENANCE			
				c. Employer's Name/Specific Field			
				THOMAS JEFFERSON		e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			COOKING BOSTON BUTTS	4-11-14	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 175.00	
5. Total of ALL CRO-1210 Pages						\$ 3239.59	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

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	
Committee to Elect Amanda Davis						2J6I2L	
3. 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	
Jenna Robinson				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				JOANNA FARMS		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			BARN FOR FUNDRAISER	4-19-14	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. 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	
AMANDA DAVIS 606 OLD STONECUTTER RD RUTHERFORDTON, NC 28139				ASST. CLERK			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RUTHERFORD COUNTY COURTHOUSE		\$ 1328.44	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			NAME TAG	2-28-14	\$ 10.68		
<input type="checkbox"/>			CAR MAGNETS	3-1-14	\$ 43.86		
<input type="checkbox"/>					\$		
3. 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	
MIKE DAVIS 606 OLD STONECUTTER RD RUTHERFORDTON, NC 28139				SERGEANT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RFD. COUNTY SHERIFF'S DEPARTMENT		\$ 4421.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			SUPPLIES	3-18-14	\$ 184.15		
<input type="checkbox"/>			BOUNCE HOUSES	4-19-14	\$ 237.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 975.69	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 3239.59	

Disbursements

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	
COMMITTEE TO ELECT AMANDA DAVIS						2J6I2L	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PROMOTIONS R US 731 S. BROADWAY FOREST CITY, NC 28043							
				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:		\$ 3191.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		4-16-14	\$ 109.15	SHIRTS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TRACTOR SUPPLY 1639 US HWY 74 B FOREST CITY, NC 28043							
				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:		\$ 168.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	DEBIT		3-14-14	\$ 100.29	SIGN POSTS		
	DEBIT		3-25-14	\$ 67.93	SIGN POSTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ASSOCIATED PRINTING 905 N. MAIN ST. RUTHERFORDTON, NC 28139							
				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:		\$ 753.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		4-4-14	\$ 753.66	CARDS + FLIERS		
				\$			
5. Total only this Page						\$ 1031.03	
6. Total of ALL CRO-1310 Pages						\$ 7031.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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	
COMMITTEE TO ELECT AMANDA DAVIS						2J6I2L	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PROMOTIONS R US 731 S. BROADWAY FOREST CITY, NC 28043							
				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:		\$ 3191.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		3-7-14	\$ 231.38	BUMPER STICKER		
	CHECK		3-10-14	\$ 328.82	CARDS + PENS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PROMOTIONS R US 731 S. BROADWAY FOREST CITY, NC 28043							
				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:		\$ 3191.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		3-13-14	\$ 982.03	SIGNS		
	CHECK		3-20-14	\$ 290.09	SHIRTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PROMOTIONS R US 731 S. BROADWAY FOREST CITY, NC 28043							
				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:		\$ 3191.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		3-27-14	\$ 161.68	PENS		
	CHECK		3-31-14	\$ 1088.32	SIGNS		
5. Total only this Page						\$ 3082.32	
6. Total of ALL CRO-1310 Pages						\$ 7031.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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	
COMMITTEE TO ELECT AMANDA DAVIS						2J6I2L	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WCAB 191 WHITESIDE ROAD RUTHERFORDTON, NC 28139							
				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:		\$ 228.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		4-8-14	\$ 228.00	RADIO AD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WALMART 197 PLAZA DRIVE FOREST CITY, NC 28043							
				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:		\$ 305.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		4-11-14	\$ 68.84	BOSTON BUTT SUPPLIES		
	CHECK		4-18-14	\$ 236.60	FOOD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WELLS JENKINS WELLS 394 US HWY 221A FOREST CITY, NC 28043							
				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:		\$ 563.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		4-15-14	\$ 563.67	BOSTON BUTTS		
				\$			
5. Total only this Page						\$ 1127.11	
6. Total of ALL CRO-1310 Pages						\$ 7031.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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	
COMMITTEE TO ELECT AMANDA DAVIS						2J6I2L	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
DAILY COURIER 601 OAK STREET FOREST CITY, NC 28043							
				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:		\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		4-21-14	\$ 300.00	ADS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RTR							
				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:		\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		3-11-14	\$ 30.00	MAYFEST REGIST		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CAROLINA TRUST 179 W. Main ST, #122 FOREST CITY, NC 28043							
				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:		\$ 13.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	DEBIT		3-12-14	\$ 13.15	CHECKS		
5. Total only this Page						\$ 343.15	
6. Total of ALL CRO-1310 Pages						\$ 7031.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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

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	
COMMITTEE TO ELECT AMANDA DAVIS						2JLJ2L	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TNT SIGNS 1042 PINEY RIDGE ROAD FOREST CITY, NC 28043				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$1447.53	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK		3-13-14	\$939.40	SIGNS		
	CHECK		3-19-14	\$508.13	SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						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		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						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 only this Page						\$ 1447.53	
6. Total of ALL CRO-1310 Pages						\$ 7031.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT AMANDA DAVIS		2J6I2L	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BETH WASHBURN 125 PILGRIM ROAD BOSTIC, NC 28018		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 108.90
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ICE FOR FUNDRAISER		04/19/2014	\$ 29.90
VOLUNTEER FOR FUNDRAISER		04/19/2014	\$ 75.00
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
KRISTEN BAIEY 2176 FERRY ROAD MOORESBORO, NC 28114		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 80.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VOLUNTEER FOR FUNDRAISER		04/19/2014	\$ 50.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
HEATHER DALTON 2176 FERRY ROAD MOORESBORO, NC 28114		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 80.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VOLUNTEER FOR FUNDRAISER		04/19/2014	\$ 50.00
			\$
			\$
4. Total only this Page			\$ 204.90
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1305.59

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT AMANDA DAVIS		2J612L	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JOEY DALTON 2176 FERRY ROAD MOORESBORO, NC 28114		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 50.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VOLUNTEER FOR FUNDRAISER		04/19/2014	\$ 50.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JEFF RUPPE 1144 OLD US HWY 221A MOORESBORO, NC 28114		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 75.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VOLUNTEER FOR COOKING BOSTON BUTTS		04/11/2014	\$ 75.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JENNA ROBINSON		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONATION OF SPACE FOR FUNDRAISER		4/19/2014	\$ 500.00
			\$
			\$
4. Total only this Page			\$ 204.90
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1305.59

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT AMANDA DAVIS		2J612L	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
AMANDA DAVIS 606 OLD STONECUTTER ROAD RUTHERFORDTON, NC 28139		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1328.44
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
NAME TAG		02/28/2014	\$ 10.68
CAR MAGNETS		03/01/2014	\$ 43.86
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MIKE DAVIS 606 OLD STONECUTTER ROAD RUTHERFORDTON, NC 28139		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 4421.15
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES		03/18/2014	\$ 184.15
BOUNCE HOUSES FOR FUNDRAISER		04/19/2014	\$ 237.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 475.69
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1305.59

Outstanding Loans

Pg 1 of 1

Amendment
<input checked="" type="checkbox"/> Yes <input 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	
Committee to Elect Amanda Davis		2J6I2L	
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
MIKE DAVIS 4006 OLD STONECUTTER RD RUTHERFORDTON, NC 28139			
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			3/6/14
			f. End Date (mm/dd/yyyy)
			4/27/14
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 4000.00	\$ 4000.00
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
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			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
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
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			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 only this Page			\$
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 4000.00