

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 <i>C.A. Howard Campaign</i>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>2854 A CAROLINA Hwy Corryton, N.C. 27929</i>			d. Date Filed <i>7/11/14</i>	
			e. Phone Number	
2. Report Year <i>14</i>	3. Period Start Date (mm/dd/yy) <i>2014</i>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
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 Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>Vantage South Bank</i>		a. Financial Institution Full Name		
b. Purpose <i>Campaign</i>	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ 0</i>		d. Period Begin Balance <i>\$</i>	
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.				
<i>C.A. Howard, Jr.</i>		<i>[Signature]</i>		<i>7/11/14</i>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<i>7/11/14</i>	Employee:	<i>Rachel Lopez</i>	
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	
C.A. Howard Campaign	2 nd Quarter		
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)	\$ 50	\$ 50	
6) Contributions from Individuals (CRO-1210)	\$ 1119	\$ 1119	
7) Contributions from Political Party Committees (CRO-1220)	\$ 400	\$ 400	
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)	\$ 1569	\$ 1569	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 207.85	\$ 207.85	
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)	\$ 144	\$ 144	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 351.85	\$ 351.85	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1217.15	\$ 1217.15	
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)	\$	\$	

Aggregated Contributions from Individuals

Page ___ of ___

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
C.A. Howard Campaign					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add		CASH		3-26-14	\$ 50.00
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1205 Pages					\$ 50.00
<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) <i>C.A. Howard Campaign</i>						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Bernie Gary McGee 1123 Village Lane Corolla, N.C. 27927</i>				b. Job Title/Profession <i>RETIRED CITY MANAGER</i>		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 875.00 <i>525.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>CASH</i>		<i>2-20-14</i>	\$ <i>25.00</i>		
<input type="checkbox"/>		<i>CHECK</i>		<i>5-16-14</i>	\$ <i>500.00</i>		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Mike Fare P.O. Box 949 Greedy, N.C. 27939</i>				b. Job Title/Profession <i>OWNER Heate Coding Co.</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Weathermakers</i>		e. Election Sum to Date <i>\$ 250.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>CHECK</i>		<i>3-2-14</i>	\$ <i>250.00</i>		
<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) <i>STEVEN & RITA SAUNDERS 300 MAPLE RD. MAPLE, N.C. 27956</i>				b. Job Title/Profession <i>APPRAISER</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Saunders Appraisal Service</i>		e. Election Sum to Date <i>\$ 100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>CHECK</i>		<i>5-22-14</i>	\$ <i>100.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>875.00</i>	
5. Total of ALL CRO-1210 Pages						\$ 1000 <i>1119.00</i>	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg ____ of ____

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
C.A. Howard Campaign						
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	
C.A. Howard P.O. Box 123 GRANDY, N.C. 27939			REAL ESTATE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			C.A. Howard! Assec. Realty, Inc.		\$ 244.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		PERSONAL CHECK	Printing fee	2-10-14	\$ 144.00	
<input type="checkbox"/>		CHECK		2-10-14	\$ 100.00	
<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	
DEMOCRATIC Exec. Committee 128 CHATMAN Betheridge Rd. Moyock, N.C. 27958						
			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"/>		CHECK		6-20-14	\$ 300.00	
<input type="checkbox"/>		CHECK		6-20-14	\$ 100.00	
<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	
			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"/>					\$	
4. Total only this Page					\$ 244.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1119.00	

Contributions from Political Party Committees

Pg ____ of ____

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CA Howard Campaign					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC EXEC COMMITTEE 128 CHALMAN BERRIDGE RD. MOYOCK, N.C. 27958					
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	CHECK		6-20-14	\$ 300.00	
	CHECK		6-20-14	\$ 100.00	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 400	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>				\$ 400.00	

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
C.A. Howard Campaign						
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 <small>(include city, state, & zip)</small>				b. Coordinated Committee Name		d. Comments
Vantage South Bank 232-7700 2878 CAROLAKE Hwy Corrylock, N.C. 27929						
				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:		\$ 14.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	WITHDRAW	CHECKS	2-19-14	\$ 14.25		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>				b. Coordinated Committee Name		d. Comments
Discover CARD P.O. BOX 30421 Salt Lake City, UT 84130-0421 800-347-2683						
				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:		\$ 68.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CHECK	CARDS	3-27-14	\$ 68.60		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>				b. Coordinated Committee Name		d. Comments
Corrylock Co. High School Hwy 158 BARCO, N.C. 27917 453-0014						
				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:		\$ 125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CHECK	AD	6-19-14	\$ 100.00		
	CHECK	AD	6-19-14	\$ 25.00		
5. Total only this Page						\$ 207.85
6. Total of ALL CRO-1310 Pages						\$ 207.85
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						
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	
CA Howard Campaign			
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
CA Howard 2854 Caratoke Hwy Carrington, NC 27929		<input checked="" 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
			\$ 144
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paid filing fee		2/10/14	\$ 144
			\$
			\$
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
			\$
			\$
			\$
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		5. Total of ALL CRO-1510 Pages	
		\$ 144	
		\$ 144	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			