	· · · · · · · · · · · · · · · · · · ·	ation, must be signed and subm	itted along with attended to
Do not use this form to u 1. Committee Informati	pdate information.	and subm	Yes No itted along with other detailed for
a. Fuli Name	OII		
			c. ID Number
b. Mailing Address (include C	City, State and Zip Code)	1 PETREY	051408949
			051408949 d. Date Filed
	NAH AVE.		4-28-11
GRANDY, A	127939		e. Phone Number
		riod End Date (mm/dd/yy) 5. T	252-982-6065
2014	7.10	110d Elid Date (mm/dd/yy) 5. T	reasurer Full Name
6. Type of Committee (C	heck One) O Tune	en .	
Candidate Campaign	Party Municipal	f Report (check only one type	of report from one category)
☐ PAC	Referendum Organi	State/County	Referendum
☐ Independent Expenditure	Joint Fundraiser Thirty-	o gamzanonai	Organizational
Legal Expense Fund	Pre-prin		Pre-referendum
	Pre-elec	1 11 51	Final
7. Type of Fund (if appl.	icable, check one) Pre-rune		Supplemental Final
Booster Fund	Semi-ar	1 IIII G	Annual
Building Fund	i promp	d Year Semi-annual	Special Special
-	Prompt	ar End Mid Year	10.0
Other:	☐ Final	Year End	10. Special Report Name
3. Number of Fundraisers	this Report	Final	1
			i
1. Account Information		Special	
. Financial Institution Full Nam	ie	11. Account Information	
		a. Financial Institution Full Na	me
Purpose BANK	<		
	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN			
CHECKING	d. Period Begin Balance	- '	
	\$ 120.00	Terra saa	d. Period Begin Balance
ERTIFICATION			\$
certify that the Committee or	Fund is in compliance in a		
of the NC General Statutes and	d that no funda are according to	pplicable provisions of Article 22A	A, 22B & 22D-22M of Chapter 163
report is complete, true and co	errect and that I have been to be	with prohibited or other non-disclosed by the NC State Board of Election	A, 22B & 22D-22M of Chapter 163 sed funds. I further certify that this
1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	rect and that I have been trained	by the NC State Board of Election	ns.
H.M. PETREY	<i>.</i>	10	
Printed Name of S	C:	m. Jeccay	4-28-14
OR OFFICE USE ONLY		Signature of Appointed Treasurer	Date
Date Received:	4/29/14 Emp	loyee: M. Fl.	Delivery Method
Date Postmarked:	Empl	loyee:	☐ Normal Mail ☐ Registered Mail
Date Scanned:	Empl	oyee:	Hand Delivered Electronically Filed

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.

Employee:

Signer has not received mandatory training

Detailed Summary Use this form to summarize all disclosure reporting forms 1. Committee Full Name (and Fund if applicable)	and to total mo	onetary information	Amendment Yes No
- Product	2. Type of	Report	3. ID Number
COMMITTEE TO ELECT RUTCH DITTEE	8 ATA	24	
Start of Election Cycle: January 1,		Total this	CS1408949 Total this
4) Cash on Hand at Start		Reporting Perio	d Election Cycle
RECEIPTS		\$ 100.00	\$ 100.00
5) Aggregated Contributions from Individuals	(CRO-1205)	•	
6) Contributions from Individuals	(CRO-1210)		\$
7) Contributions from Political Party Committees	Committee of the committee of	1.150.	\$ 1750.00
8) Contributions from Other Political Committees	(CRO-1220)	\$	\$
9) Loan Proceeds	(CRO-1230)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1410)	\$	\$
11) Other Receipt Sources	(CRO-1240)	\$	\$
11a) Interest on Bank Accounts			
	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organization 11c) Outside Sources of Income	S (CRO-1250)	\$	\$
	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	5	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c EXPENDITURES	,11d and 11e)	1750,00	\$ 1750.00
3) Disbursements			
13a) Operating Expenditures			
	(CRO-1310) \$	5205.00	\$ 5205,00
13b) Contributions to Candidates/Political Committees13c) Coordinated Party Expenditures			\$
	(CRO-1310) \$		\$
) Aggregated Non-Media Expenditures) Loan Repayments	(CRO-1315) \$		\$
	(CRO-1420) \$		\$
Refunds/Reimbursements from the Committee	(CRO-1320) \$		\$
In-Kind Contributions	(CRO-1510) \$		\$
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17) \$	5205.00	
Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18) \$	-33 55.00	\$ -3355
DDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees		All and a second	* 5.255
Outstanding Loans (incl. 1982)	(CRO-1330) \$		
Outstanding Loans (incl. ones from other campaigns)	CRO-1430) \$		
Debts and Obligations owed by the Committee	CRO-1610) \$		
Debts and Obligations owed to the Committee	CRO-1620) \$		
Account Transfers Within the Committee	CRO-1720) \$		
Administrative Support	CRO-1710) \$		\$
Forgiven Loans (C	(RO-1440) \$		
88-Hour Notice Reports Sum (Cl Contributions to be Refunded (Cl	RO-2220) \$		
OPENIDA A LA	· · · · · · · · · · · · · · · · · · ·	1 3	

Contributions from Individuals Amendment Pg 2 of 2 Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used □ No 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO FLECT BUTCH PETREY 051408949 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED MICHAEL J. HASSETT c. Employer's Name/Specific Field 524 KERR LANE SPRING-FIELD PA. 19064 10-466-71-84 r g. Account Code h. Form of Payment i. In-Kind Description e. Election Sum to Date RETIRED 100.00 f. Prior j. Date (mm/dd/yyyy) k. Amount \$ 100.00 CHECK 3/24/13 \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ALLEN IVES PRESIDENT c. Employer's Name/Specific Field 411 SHADY CIRCLE RUCKY MOUNT, NC 27803 TURN PIKE e. Election Sum to Date PROPERTY'S \$ 250.00 252-442-9700 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ 250,00 CHECK \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JOHN T. MURRAY c. Employer's Name/Specific Field 198 COINJOCK DEVEL. DETIRED CDINJOCK, NC 27923. e. Election Sum to Date 757-573-1695 \$ 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ 200.00 CHECK. 3/22/14 4. Total only this Page 550,00 5. Total of ALL CRO-1210 Pages

\$ 1750,00

Use this form to report individual contributions over 1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT BUTCH	DOTOCO			
o. Contributor Information	Add	Remove	051408949	
a. Full Name, Mailing Address & Phone	b. Job Title/		1.6	
(include city, state, & zip)			d. Comments	
DON CHEEK	G, M	s Name/Specific Field		
1131 GRAY CT.				
COROLLA, NC 27927	RESOR	A LIGHT	e. Election Sum to Date	
252-453-2455	145001	-1	\$	
	d Description	1	\$ 100.00	
	d Description	j. Date (mm/dd/y	yyy) k. Amount	
CHECK,		3/22/14	\$ 100,00	
			\$	
			\$	
Contributor Information Full Name, Mailing Address & Phone	Add	Remove		
(include city, state, & zip)	b. Job Title/Pr	ofession	d. Comments	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000			
WILLIAM E. CURLING	C. Employer's 1	Name/Specific Field	1	
719 AYDLETT RD.				
	W.E.C	URLING	e. Election Sum to Date	
Prior g. Account Code h. Form of Payment i. In-Kind			\$ 1000.00	
g. Account Code h. Form of Payment i. In-Kind	Description	j. Date (mm/dd/yyy	y) k. Amount	
CHECK		3/22/14	\$ 1000.00	
			\$	
			\$	
Contributor Information ull Name, Mailing Address & Phone		emove		
nclude city, state, & zip)	b. Job Title/Prof	ession	l. Comments	
1- 100 6 60 1	RETIRE			
LEONARD S. FRIEDEN	c. Employer's Na	me/Specific Field		
NORFOLK, VA 23510 757-340-9777	RETIRE	70	Election Sum to Date	
			\$ 100.00	
or g. Account Code h. Form of Payment i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amount	
CHECK		3/23/14	\$ 100.00	
		,	\$	
otal only this Page			\$	
	The same of the sa			

Disburs	ements						Amendment
Use this forr	n to report expenditu	res from the comp	nittee fo	r operation	Pg	of _	to candidate/political
				or operating	expenses, con	tributions	to candidate/political
1. Committe	ee Full Name (and F	und if applicable			Walter and the Color of the Color	AC DESCRIPTION OF THE RES	
							2. ID Number
3. Type of D	3. Type of Disbursement (Please use senarate				2		051408949
Operating 1		ase use separate (CRO-13	10 forms fo	r each type of	Disburs	ement.)
4. Payee Info	CAPCITSCS (Contributions to Cand	idates/Pol	itical Committ	tees		ted Party Expenditures
	Mailing Address &	Dhaa		Add	Remove		
(include city, sta		riione		b. Coordin	nated Committee	Name	d. Comments
	POSTAL SE			-			
				c. Level Re	egistered (Specify	')	
	MOY, NC 2	27939		Federa			
252	-331-1155			State	☐ Mur	nicipality:	e. Election Sum to Date
							¢
f. Account Code	g. Form of Payment	h. Purpose Code	It Date	(())			\$ 1420.0
		T		(mm/dd/yyyy			quired Remarks
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4 D T 6					\$		
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(include city, st	niling Address & Phone			b. Coordina	ted Committee N	ame	l. Comments
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THE 9	ARD SIGN L						
9607	35 W ST.			c. Level Reg	istered (Specify)		
i .				Federal State	Coun		
ORLA	NDD, FL 3Z	811		State	Munic	cipality: e	Election Sum to Date
40	7 - 384 - 3874						\$ 2079
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4. Payee Inform	nation	- 0.194 F.F.M. Street Street, Teach Street	-		3		
	ing Address & Phone				Remove		
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STAP			t,	c. Level Regis	tered (Specify)		
2210	S. CROATA	N NIGH.		Federal Federal	County		
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- Couc		ii. Purpose Code i.	Date (m	m/dd/yyyy) j	. Amount	k. Requi	red Remarks
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Other					ν ζ.•υ(mation t	o Legal Expense Fund
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Disbursements

	ments				Pg	o F	Amendment
Use this form	to report expenditure	s from the comm	ittee fo	r operating	expenses, conti	ibution	Yes No sto candidate/political
THE PROPERTY OF THE	a coordinated party	expenditures		,	panda, cont	Toution	is to candidate/pointical
1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number
Csm.	mITTEF TA	E many the	ر ح	11 17			
. Type of Dis	Sbursement (Plea	1072	4 FET	254		051408949	
Operating Ex		se use separate (KU-13	10 forms fo	r each type of		
. Payee Infor	E-CONTRACTOR AND DESCRIPTION OF THE PARTY OF	ontributions to Candi			NAME AND ADDRESS OF TAXABLE PARTY.	Coordin	nated Party Expenditures
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nclude city, stat		none		b. Coordin	ated Committee	Name	d. Comments
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	HAYDEN AN			Federa			-
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	ling Address & Phone	ALBERT PROPERTY SERVICE	2.17.76	THE PARTY NAMED IN	ted Committee N		
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NC State Board of Elections

CRO-1310

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December 2009