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 update information

Amendment

Yes

No

1. Committee Information	n					States and the second of	Strate and Strate Strate
a. Full Name						c. ID Number	
Douros 4 Sheriff 2014						SCFWHL	
b. Mailing Address (include City, State and Zip Code)						d. Date Filed	
104 Tabby	Street						
120000000000000						e. Phone Number	
104 Tabby Street Moyoek, nC 27958							252-435-0669
Service Control and the service of t	2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date 5. Trea			5. Treasurer Full	Name		
2014 02	11/2014		/	1/20	14	Robert	James Douras
6. Type of Committee (Ch	neck One)	9. Typ	e of Report	(0	heck o	nly one type of report	from one category)
Candidate Campaign	Party	Munici				County	Referendum
PAC PAC	Referendum		Organizational		X	Organizational	Organizational
Independent Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day	,		Quarterly	Pre-referendum
	plicable, check one)		Pre-primary		X	First	Final
"Booster Fund"		ПП	Pre-election		ΠÎ.	Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
			Semi-annual			Fourth	Special Special
			Mid Year			Semi-annual	
Other:			Year End			Mid Year	10. Special Report Name
			Final			Year End	
8. Number of Fundraisers	s this Report		Special			Final	
\mathcal{O}						Special	
11. Account Information				11. A	count	Information	
a. Financial Institution Full Nar	ne			a. Fina	ncial Ins	stitution Full Name	
Towne'Ba	うち						
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
managing Contributions	01						
	d. Period Begin Balance						d. Period Begin Balance
8 Expenses	\$ 118.61						\$
CERTIFICATION					16.4		
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.							
FOR OFFICE USE ONLY				<u> </u>	M	0100	석구 한 것 같아. 나는 것 것 같아.
Date Received:	4/28/14		Employee:	/	1.0	Alle	Delivery Method Normal Mail
Date Postmarked:			Employee:				Registered Mail
Date Scanned:			Employee:				Electronically Filed Signer has not received
Date Data Entered:			Employee:				mandatory training
	custodia	n of boo	oks informati	on, or a	iccount	t information.	ss, treasurer, assistant treasurer,
You r	nust amend the Stater	nent of (Organization	(CRO-	2100A	E) to make committe	ee changes.

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

An	iendment
	Yes

Ø	No
---	----

1. Committee Full Name (and Fund if applicable)	2. Type of Report	eport 3. ID Number			
Douros 4 Sheriff 2014	1St Quar		SCFWHL		
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 118,61	\$ 212,84		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 318,00	\$ 3/8.00		
6) Contributions from Individuals	(CRO-1210)	\$ 100,00	\$ 1463.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ 2910.25	\$ 2910.25		
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 Organizat	ions (CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1)	1c, 11d and 11e)	\$ 3328,25	\$ 4691.25		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 3234.02	\$ 4478.41		
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CR0-1315)	\$	\$		
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, 16 and 17)	\$ 3234.03			
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 212.84	\$ 212.84		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	the second for the		
21) Outstanding Loans (incl. ones from other campaig	gns) <i>(CRO-1430)</i>	\$ 2910,25	5		
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-2200)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Aggregated Contributions from Individuals

Page

_____ of ____ Yes 🔀

No

ional	form used	d to report	NC (Contributions	From	Individuals	of \$50 c	or less

Optional form used to report NC Contributions From Individuals of \$50 or less							
1, Com	nittee Full Na	me (and Fund	l if applicable)			Number	
Ţ	Dours	54 St	periff 2014		S	CFWHL	
3. Cont	ributor Inform	nation					
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
	Add Remove	O(Check		02/24/26/4	s 50.00	
R A	Add Remove	01	Cash		02/28/2014	10	
	Add Remove	01	Cash		03/28/2014	\$ 50.00	
X	Add	01	Cash		03/28/2014	\$ 50.00	
	Remove Add		Cash		03/28/2014		
	Remove Add				03/28/2014	\$ 50.00	
	Remove Add		Cash		/	<u> </u>	
	Remove Add	61	Cash		03/29/2014	\$ 25.00	
	Remove	01	Cash		0)070		
	Remove	_				\$	
	Add Remove	-				\$	
	Add					\$	
	Remove					-	
	Add Remove	-				\$	
	Add					\$	
	Remove					•	
	Add					\$	
	Remove					Ψ	
	Add					\$	
	Remove					Ψ	
	Add					\$	
	Remove						
	Add	-				\$	
	Remove						
	Add	-				\$	
	Remove						
	Add	4				\$	
<u> </u>	Remove						
	Add Remove	-				\$	
	Add					\$	
	Remove						
	Add	-				\$	
	Remove				\$	31800	
	al only this l				2	210,	
	al of ALL C		ages nmary Page CRO-1100)		\$	318.00 318.00	

		m Individuals	over \$50	Pg) or contributions un			Amendment Yes No ot used
		(and Fund if applica				2. ID Nur	
\bigcirc		4 Sherif.		014		-	FWHL
3. Contr	ibutor Informatio	and the second	Ø	and the second	emove		
a. Full Nar	ne, Mailing Address	& Phone	,	b. Job Title/Profession	n	d. Commen	ts
	city, state, & zip)			Retiro	-1		
Judith S Abbott 180 US Hwy 158 W Camplen MC 27921				c. Employer's Name/S			
100	USTRUG	150-				e. Election S	Sum to Date
Ca	molen	1C of 1924				\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount
	OI	Check			03/31/2	014	\$ 100.00
							\$
							\$
3. Contri	ibutor Informatio	on		Add 🗌 Re	move		
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts
(include	city, state, & zip)						
				c. Employer's Name/S	pacific Field	-	
				c. Employer's Name/S	peeme Field	-	
						e. Election S	um to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
3. Contri	butor Informatio	n		Add 🗌 Re	move		
	ie, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	<u>s</u>
(include c	ity, state, & zip)						
				c. Employer's Name/S	pecific Field		
						e. Election S	um to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
	only this Page			and Later		\$	<u>/06.00</u>
	of ALL CRO-					\$	00 00
(This line	must be on line 6 of D	etailed Summary Page Cl	RO-1100)			1	00, ===



North Carolina State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kimberly Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

Name of committee to receive loan: Douros 4 Sheriff 2014
· Person or committee to make loan: Robert James Douras
・ Date of loan to committee: <u>0 2 / 2 0 / 2 0 / 4</u>
Name of lending institution and account number (source):
Kobert James Doulos
・ Amount of Ioan: <u>2910,25</u>
Description (if in-kind loan):
 Names of all parties responsible for payment of loan (guarantors):
Robert James Douras
Period of loan: <u>N/A</u>
Rate of interest of loan:
Security pledged for loan:
I, <u>Robert James Dours</u> , acknowledge that all of the information (Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
that has an outstanding balance to any source. MMM JUM JUM JUM 04/28/2014
that has an outstanding balance to any source.
that has an outstanding balance to any source. MMM JUM JUM JUM 04/28/2014

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

			1	Amendment
Loan Proceeds	Pg	of	<u> </u>	Yes No
Use this form to report proceeds from a loan and loan end	lorser's informatio	on idual		
A loan proceeds statement must accompany each loan tha 1. Committee Full Name (and Fund if applicable)		2.1	D Numb	ber
transfer the second sec	2.0111		Sai	-1.111
DOUROS 4 Sheriff	2014		XI	-WHL
3. Lender Information	Add			Remove
a. Full Name, Mailing Address & Phone	b. Job Title/Profess			d. Comments
(include city, state, & zip)	Inst	ructor		
Robert J Douros	1101	100		e. Start Date (mm/dd/yyyy)
104 Tabby Street	c. Employer's Nam	e/Specific Field		02/20/2014
104 Tabby Street Moyock, nc 27958	Acad	emi		f. End Date (mm/dd/yyyy)
(252) 435-0669				N/A
g. Rate h. Security Pledged i.	Account Code	j. Form of Paymen	it	k. Amount
Ø %	01	Check		s J910.25
I. Full Name of Lending Institution			m. Loan	Number
Robert J Douras	\$		r	U/A
4. Endorsers/Makers (The people who guarantee the	loan.)			
a. Full Name, Mailing Address & Phone	b. Job Title/Prof	ession	c. Emple	oyer's Name/Specific Field
(include city, state, & zip)	<u></u>			
	d. Percentage		e. Amou	int
		%	\$	
a. Full Name, Mailing Address & Phone	b. Job Title/Prof	ession	c. Empl	oyer's Name/Specific Field
(include city, state, & zip)				
	d. Percentage		e. Amou	int
		%	\$	
a. Full Name, Mailing Address & Phone	b. Job Title/Prof	fession	c. Empl	oyer's Name/Specific Field
(include city, state, & zip)				
	d. Percentage		e. Amou	int
		%	\$	
		C	a Emel	oyer's Name/Specific Field
a. Full Name, Mailing Address & Phone	b. Job Title/Prof	lession	с. Етр	oyer's Name/Specific Field
(include city, state, & zip)				
	d. Percentage		e. Amou	int
		%	\$	
5. Total of ALL CRO-1410 Pages			\$	2910,25
(This line must be on line 9 of Detailed Summary Page CRO-1100)				

Outstanding Loans

Pg ____ of ____ 🗆

Yes

No

Amendment

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

Ose uns form to report	•		In the second	2 ID Number	
1. Committee Full Na	me (and Fund if applicable)			2. ID Number SCFWHL	
Douras 4	Douras 4 SheriFE 2014				
3. Lender Informatio	n 🛛 Ad	ld	Remove		
a. Full Name, Mailing Add	ress & Phone	b. Job Ti	tle/Profession	d. Comments	
(include city, state, & zip)	Tr	Structor		
Robert Ja	zmes Douros		1011001	e. Start Date (mm/dd/yyyy)	
Ing Tahl	by Street	. Emplo	yer's Name/Specific Field		
	nc 27958			02/20/2014	
IN OYDER,	102110	AC	ademi	f. End Date (mm/dd/yyyy)	
(252) 435-	0669			NIA	
				101.7	
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance	
Ø %			\$ 2910, 25	\$ 2910,25	
k. Full Name of Lending I	nstitution			I. Loan Number	
Pali	T	0.0			
KODert		Loru			
3. Lender Informatio			Remove	d Commente	
a. Full Name, Mailing Add		b. Job Ti	itle/Profession	d. Comments	
(include city, state, & zip		-			
				e. Start Date (mm/dd/yyyy)	
		c. Emplo	yer's Name/Specific Field		
		ti sinpi			
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$		\$	
k. Full Name of Lending I	netitution			I. Loan Number	
K. Full Name of Lending I	istitution				
3. Lender Informatio	n 🗌 Ad	dd	Remove		
a. Full Name, Mailing Add		b. Job T	itle/Profession	d. Comments	
(include city, state, & zij)				
				e. Start Date (mm/dd/yyyy)	
		c. Emplo	oyer's Name/Specific Field		
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance	
%	n en la companya en entre en entre Manager a la companya en entre en entre entre entre entre entre entre entre		s	\$	
the second of th				l. Loan Number	
k. Full Name of Lending I	nstitution				
4. Total only this Pag	IP			s 2910,25 s 2910,25	
5. Total of ALL CRC				\$ 2910,25	
	e 21 of Detailed Summary Page CRO	0-1100)	and the set of the	· 2110.33	

Pg	/	of
8		

No ЙÌ

Amendment

Yes

	will Nome (and Fun				2. ID Number		
	1. Committee Full Name (and Fund if applicable) DOUTOS 4 Sheriff 2014 SCFWHL						
				una of Diskuman			
3. Type of Disb			RO-1310 forms for each t				
Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform	The state of the s	Z.	Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)		-				
CUTTITUCK Chamber					_		
OF Commerce			c. Level Registered (Specify)				
	strituck I	.30	Federal K	County:			
III D CC		79.58	State	Municipality:	e. Election Sum to Date		
moyoe	c, ne a				\$ 50,00		
(252) 403-9491							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GI	Check	\square	02/18/2014	\$ 50,00	Table rental for		
01	0.,000	U	/	* <u>J</u> U	Bussines EXPO		
				\$			
4. Payee Inform	nation	X	Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
Dollar	Tree						
Polici	yock Comm	ons Dr # I	c. Level Registered (Specify)				
102 mo	YOUL CONT		Federal 🕅	County:			
mound	ync 27	1958	State	Municipality:	e. Election Sum to Date		
-					10.00		
(2-52) 43	5-6600				\$ \ \ \ \		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	0		0212812014	\$ 8,00	Balloons FOr		
()	Cash		03/20/001	\$ 0,-	EXPO		
	0.000	0	02/28/2014	\$ 10.00	Candy For		
01	Cash	\bigcirc	00/00/2011	\$ 10.0	Handout EXPO		
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,							
			c. Level Registered (Specify)				
			Federal	County:			
			State	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		
	B. F. O. III OF F Hyment	n a naca Arnaine. Thalla					
				\$			
				\$			
5 Total only the	s Paga			J	\$ 68.00		
5. Total only thi					s 68.00 s 32.34, 02		
the second s	CRO-1310 Pages ine 13a of Detailed Sumi	mary Page CPO 1100	if Operating Expanses				
	-		if Contrib to Candidates/Politica	al Comm)	\$ 3234.02		
			if Coordinated Party Expenditur				
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate		
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses		
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund		
O* - Other			•	-			
* Codes require	e detailed explanation	on in required re	marks field (k)				

2	of

Pg

5

P

No

Amendment

Yes

1. Committee Full Name (and Fund if applicable) 2. ID Number					
	034 Sherif				SCFWHL
3. Type of Disb			CRO-1310 forms for each t	vpe of Disbursem	
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation	X	Add 🗌	Remove	
and the second sec	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	이야 하는 것 같아요. 이 것 같은 것				
	1 Store. North First	Com	- Level Degistered (Specify)		-
2211	field For	L Strack	c. Level Registered (Specify)	Country	-
9-11	MOLTA IFIL	ST SILLET		County:	e. Election Sum to Date
SO- TO	se, CA	74121	State	Municipality:	
	ISE, OFF	10101			\$ 983,05
(866) 241 f. Account Code	- 2295 g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
I. Account Code					25-4×4 51905
01	Credit	B	03/12/2014	s 818.25	
01	Credit	B	03/12/2014	\$ 164,80	10 arg signs
4. Payee Inform	nation	X	Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
	y Store C	Om			
2211	North Fir	al Streat	c. Level Registered (Specify)	Contra	
12211	NO.TY I-II	ST SHEET	Federal	County:	- Flortion Sum to Data
San TO	Se, CA9	5131	State	Municipality:	e. Election Sum to Date
(866) 3	141-2295				\$ 684.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Credit	B	03/12/2014	\$ 535.00	100 18+24 Yard Signs
01	Credit Card	I	03/12/2014	\$ 149.74	Shipping cost
4. Payee Inform		X	Add	Remove	
CONTRACTOR OF A CONTRACT OF A	ing Address & Phone	~~~~~	b. Coordinated Committee Name		d. Comments
(include city, state,					
the second s			-		
Victory	Store . Con lorth First 2 CA 95131	\cap	c. Level Registered (Specify)		
2211 1	Inrth First	Stleet	Federal Federal	County:	
	06131		State	Municipality:	e. Election Sum to Date
San Jose	2 CA (366) -	241-2295			\$ 389.72
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Credit	B	03/24/2014	\$ 354.50	50 18+24 40.00 SIGNS
01	Credit	T	03/24/2014	\$ 35.22	Shipping cost
5 Total only the	CArc				\$ 2057.57
5. Total only this Page \$ 2057.51 6. Total of ALL CRO-1310 Pages \$					
(This line goes in line 13 of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
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 - Politic	cal Party H* - Holding		Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e Expenses	Q* - Donation	to Legal Expense Fund
O* - Other * Codes require	e detailed explanati	on in required w	marks field (k)		
Coues require	e detaned explanati	on in required re	marks new (K)		

Pg	3	of	5
- g			_
	tuile esti a		aand

Yes

No

Amendment

1. Committee F	1. Committee Full Name (and Fund if applicable) 2. ID Number				
Douros 4 Sheriff 2014				SCFWHL	
3. Type of Disb	ursement <u>(Plea</u>	ise use separate C	RO-1310 forms for each t	vpe of Disbursen	<u>ient.)</u>
Operating E	Expenses	Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation	X	Add	Remove	
a. Full Name, Maili	ing Address & Phone	`	b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		_		
Victory	- Store, CC	m	c. Level Registered (Specify)		-
2211 M	Store, CC orth First se CA 951	Street	Federal X	County:	
Son Jo:	se CA 951	31	State	Municipality:	e. Election Sum to Date
(866) 241-	2295				\$ 445.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Credit Card	B	02/20/2014	\$310,50	500 Post it notes for it and outs
01	Credit	B	02/20/2014	\$ 135.00	150 Refrigerator Magnets For Handout
4. Payee Inform			Add	Remove	
The second s	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Victory	Store. Co	2m	1 1 D - 1 4 1 (S 16.)		-
2211 No	ich First S	treet	c. Level Registered (Specify)	County:	
	e, CA 951		State	Municipality:	e. Election Sum to Date
	•	51			\$ 107.75
(864) 24		h. Purpose Code		1.1	
f. Account Code	g. Form of Payment	n. rurpose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Credit	Ī	02/20/2014	\$ 107.75	Shipping cost
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	& zin)				
SORALUN	Printin	C ₁			
Upthe Lit	ania Brad	Rud	c. Level Registered (Specify)		
4116 01	ginaleda	13.00	Federal County:		
Virginia	Printin rginia Bead Beoch, UA 2	23462	State	Municipality:	e. Election Sum to Date
(757) 47					\$ 299.49
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7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fund	Iraising	D - To Anothe	elements as a construction of the development of the start of the star
E - Salaries I - Postage	F* - Equipment J - Penalties		al Party e Expenses		Public Office Expenses n to Legal Expense Fund
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No

Amendment

Yes

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of

1. Committee Full Name (and Fund if applicable) 2. ID Number					
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
Operating E:			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform		X	Add	Remove	
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	tome Dop	nt			_
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121 14	III CLEST	FRACY	Federal 🔟	County:	
Chesa	ill crest T peake, UP	1 333-22	State	Municipality:	e. Election Sum to Date
(157) 42					\$ 163.42
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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()	Debit Card	\bigcirc	04/02/2014	\$47.67	Post Hole Digger
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				1	\$ 25.38
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7. Purpose Code A* - Media	B* - Printing	C* - Fun		D - To Anotl	ner Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politi		H* - Holdin	g Public Office Expenses on to Legal Expense Fund
O* - Other * Codes requir	e detailed explanati	ion in required r	emarks field (k)		

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No No

Amendment

Yes

1. Committee Full Name (and Fund if applicable) 2. ID Number					
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
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and the second	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
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(757) 42	1 - 6640				\$ 9.48
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(757) 43	21-7119			1	* 57/10
(151) 7.					\$ 57.49
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