

North Carolina State Board of Elections

state Board of Election

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

TOTAL TOTAL TOXY.

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:	
Committee Name:	Douras 4 Sheriff 2014
Treasurer Name:	Robert J Douros
Treasurer Address:	104 Tabby Street
(include city, state, & zip)	MOYOCK nc 27958
Γreasurer Phone:	(252) 435-0669

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7/10/2014 Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Disclosure	Report	Cover
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Amendment

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.

Do not use this form to update in	TOTTIMETOTI.				
1. Committee Information					Chicago de Actividad de Laciones
a. Full Name					c. ID Number
Douros 4 St	reriff =	2014			SCFWHL
b. Mailing Address (include City, State	d. Date Filed				
104 Tabby S Moyock, nc	7/10/2014				
moyack, nc	e. Phone Number				
					(252) 435-0669
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/	/dd/yy) 5. Trea	asurer Full Name
2014 02/11/2	NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.		130/14		bert J Douros
6. Type of Committee (Check O)ne) 9. T	ype of Rep	ort (check or		report from one category)
Candidate Campaign Part	ty Mun	nicipal	and the second second second	County	Referendum
		Organizational	-	Organizational	Organizational
		Thirty-five day	′ _ ^Q	Quarterly	Pre-referendum
Legal Expense Fund	=	Pre-primary	ᄖ	First	Final
		Pre-election	닏	Second	Supplemental Final
7. Type of Fund (if applicable,	and the same of th	Pre-runoff	ᄖ	Third	Annual
Booster Fund		Semi-annual	U	Fourth	Special
Building Fund	片	Mid Year	I—	emi-annual	10 Caratal Danaut Name
	님	Year End		Mid Year Year End	10. Special Report Name
Other:	-	Final Special			
8. Number of Fundraisers this	Keport	Special	IX F		
				pecial	
11. Account Information		A VIII TO SECOND		Information	
a. Financial Institution Full Name			a. Financial Ins	stitution Full Nan	ne
Towne Bar					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
managing Contributions	01				
	d. Period Begin Bal	lance			d. Period Begin Balance
& Expenses	\$ 212.8	84			\$
CERTIFICATION					
of the NC General Statutes and that report is complete, true and correspond to the Complete of Signature of S	at no funds are comest and that I have been	mingled with en trained by	prohibited or o	other non-disclos Board of Election	A, 22B & 22D-22M of Chapter 163 sed funds. I further certify that this ns.
FOR OFFICE USE ONLY	1 1 1		0 1	. 0 .00	\ A
Date Received:	-/10/14	Employ	ee: Keul	reckap	Delivery Method Normal Mail
Date Postmarked:		Employ	ee:		Registered Mail Hand Delivered
Date Scanned:		Employ	ee:	19	Electronically Filed
Date Data Entered:	ACCOUNT OF THE PARTY OF THE PAR	Employ	ee:		Signer has not received mandatory training
assistant	t treasurer, custodi	ian of books	information,	or account info	committee address, treasurer, committee changes.

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

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of	Rep	ort	3. ID N	lumber	
Douros 4 Sheriff 2014	Fin	a		SC	FWHL	
Start of Election Cycle: January 1, 2014	_		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	212.84		Ô	1
RECEIPTS						\sim 1 \checkmark
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	368.00	318
6) Contributions from Individuals	(CRO-1210)	\$	0	\$	1463.00]
7) Contributions from Political Party Committees	(CRO-1220)	\$	Q	\$	\bigcirc	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	Ò .	
9) Loan Proceeds	(CRO-1410)	\$	0	\$	2910,25	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0	\$	0	
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	0	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0	\$	0	1
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0	1
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	0	1
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	6	1
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10.11a,11b,11c	,11d and 11e)	\$	0	\$	4741.25	4691.25
EXPENDITURES						
13) Disbursements						21 2
13a) Operating Expenditures	(CRO-1310)	\$	205.82	\$	4734.23	4684.23
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0	\$	\bigcirc	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	0	1
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\bigcirc	\$	0	
15) Loan Repayments	(CRO-1420)	\$	7.02	\$	7.02	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0	\$	0	
17) In-Kind Contributions	(CRO-1510)	\$	0	\$	0	4691.25
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1:	5, 16 and 17)	\$	212.84	\$	4741.25	40-11.20
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$		\$		1
ADDITIONAL INFORMATION				2000		l
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	<u> </u>	0			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	<u> </u>			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$	0			
25) Administrative Support	(CRO-1710)	\$	0	\$	0	
26) Forgiven Loans	(CRO-1440)	\$	2903,23		2903.23	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0	\$	0	
28) Contributions to be Refunded	(CRO-1215)	\$	\mathcal{O}	\$		

Disbursements	Pg 🙏				₩ No
Use this form to report expenditures from the committee for operati	ng expenses, conti	ibutio	ns to c	andidate/po	olitical
committees and coordinated party expenditures					
1. Committee Full Name (and Fund if applicable)			2.	ID Number	r

	Full Name (and Fur					2. ID Num	ber	1
	0	. 00	/	/			WHL	1
		eritt s			f.D:-		WHL	
3. Type of Dish		e use separate CI				ordinated Party Expen	nditures	1
Operating Exp 4. Payee Inform		ntributions to Candid	ates/Point		Remove	ordinated Farty Exper	iditures	
	Mailing Address & Pl	none	14		ed Committee Nan	ne d. Comments		1
(include city, state								1
		TE C						
DOUD	e D.S.T	FF2			stered (Specify)			1
101 W	Thite Heror	, Drive		Federal State	County:		um to Date	1
	tuck, ne		}	state	Municip	santy. C. Escetion St	21	
0000	7000, 1.0	. 047 104 1				3 1 1 /	1,21	1
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	- 1	k. Required Rema	rks	
01	Check	\mathcal{B}	41.	25/2014	\$ 177.21	T-Shirt	Printing	1
			\ \ \ \ \ \ \	'	\$		O	1
4. Payee Inform	mation		IX	Add	Remove			1
The state of the s	ling Address & Phone			b. Coordinate	ed Committee Nan	ne d. Comments	機能量可能性質的學生	
(include city, sta	nte, & zip)							
Targe	+				1 (6	AT MEDICAL TO		l .
232 7	as micheal	WAY		Federal	stered (Specify) County:			
27 00	armicheal Peake. Uf	F 23377		State	Municip	pality: e. Election Su	m to Date	250
Chesal	peake. Or	1 42234				6 20	m to Date	r = 30.
							, 61 1 11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	<u> </u>		
01	Debit-cord	B	5/0	5/2014	\$ 28.61	FOR ELLERS	Ink	l
			1	,	\$	7,7,7		1
4. Payee Inforr	mation			Add \Box	Remove		A SA SECTION OF THE SECTION	1
	ling Address & Phone		thintier .	Merylandsur-1	d Committee Nam	ne d. Comments		1
(include city, sta	ate, & zip)							1
				c. Level Regis	tered (Specify) County:			
				State	Municip		m to Date	ł
					<u></u>			1
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remark	rks	1
					\$			
		1			\$			1
5 Total and the	ria Dogo					ls a	55 82	i
5. Total only th						, 9	.05. 82 25, 82	ł
1994-00000000000000000000000000000000000	L CRO-1310 Pages	P CPO 11	100 : 00.	entine Europe		88.55	- 00	
	n line 13a of Detailed Su n line 13b of Detailed Su					, s ac	25, 802	j
	i line 130 of Detailed Sui i line 13c of Detailed Sui							l
	odes (List detailed		Party Party Service	SALT (MINT - MAKE) WHITE IN				1
A* - Media	B* - Print			undraising	D - To	Another Candida	te	1
E - Salaries	F* - Equip			litical Party		lolding Public Of		
I - Postage	J - Penalt		K* - O	ffice Expen	ses Q* - D	onation to Legal	Expense Fund	l
O* Other		CARLES CARE CARE CARE CARE					MANAGEMENTA SE PER KANAGEMENT A PER PE	
* Codes requir	re detailed explanat	ion in required i	emarks	field (k)				I

Use this form to report payme				
1. Committee Full Name (a	nd Fund if appl	icable)		2. ID Number
Douros 4 S	neriff 2	014		SCFWHL
3. Lender Information		⊠ Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				
Robert J 104 Tabby Moyock, n	Doures			c. Original Loan Date
104 Tabby	03/30/3014			
mountly n	10270	158		d. Original Loan Amount
1.10-1001-,	100,			\$ 2910.25
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 2903.23	01	Check	05/29/2014	s 7.02
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d Orderinal Lean Amount
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
				\$
\$				2
\$				\$
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				
				**
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Page				s 7.02
5. Total of ALL CRO-	1420 Pages			\$ 7.03
(This line must be on line 15 of I		Page CRO-1100)		3 1.09



Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report

Name of Lender: Robert J Douros
Committee receiving loan: Douros 4 Sheriff 2014
Date of loan: $\frac{2}{2}$
Amount of original loan: 2910. 25
*Amount of loan to be forgiven:
I, Robert J hord , do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.
I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.
AM Hau
Signature of Lender
Bolist Dare
Signature of Committee Treasurer

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

Forg	iven	Loans

		1	Amendment	
Pg	 of		☐ Yes	No No

Use this form to report any loan which has been forgiven by the lender.

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Dauros 4 Sheriff 2014		SCFWHL
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Comments	
(include city, state, & zip)		
Robert J Douros 104 Tabby Street MOYOCK, nc 27958	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
104 Tabby Street	03/30/2014	\$
Moyock, nca7958	s 2910, 25	g. Date (mm/dd/yyyy)
	e. Remaining Loan Balance	h. Forgiven Amount
	\$ 2903,23	\$ 2903, 23
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
4. Total only this Page		\$ 2903.23
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)		\$ 2903,23
The lender information should contain the same information as supplied	d on the original loan proceed statemen	it.