Ar	nendr	nent	Mg 4000 0000		/
	Ye	S		3	No

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.

1. Committee Information						
a. Full Name					c. ID Number	
LAMEron for Curritack Commissioner b. Mailing Address (include City, State and Zip Code)					QEF 630	
b. Mailing Address (include City, State and Zip Code) d. Date Filed						
608 /4/15 C	reek 19	, CO			7-22-14	
Moyock 11.C. 27958					e. Phone Number	
2. Report Year 3. Period Start	Date (mm/dd/y	yy) 4. Period l	End Date (m	ım/dd/yy) 5. Treası	urer Full Name	
2014				Camer	ran Keith Tabou	
6. Type of Committee (Check (eport from one category)	
Candidate Campaign Part		Municipal		te/County	Referendum	
head head	erendum	Organizationa	1	Organizational	Organizational	
more	t Fundraiser	Thirty-five da	у 🗀	Quarterly	Pre-referendum	
Legal Expense Fund	l.	Pre-primary Pre-election	님	First Second	Final Supplemental Final	
7. Type of Fund (if applicable,	check one)	Pre-runoff	냼	Third	Supplemental Final Annual	
Booster Fund		Semi-annual	IH	Fourth	Special	
Building Fund	lı lı	Mid Yea	ır 🗀	Semi-annual	_ openii.	
	li	Year End	1 0	Mid Year	10. Special Report Name	
Other:		Final		Year End		
8. Number of Fundraisers this	Report	Special		Final		
				Special		
11. Account Information	Salar Salar		11. Accour	nt Information	O POSTANO E MANAGEMENTO NO CARACTERIO.	
a. Financial Institution Full Name				nstitution Full Name	Section of the Edition of the Company of the Compan	
b. Purpose	c. Account Code	e	b. Purpose		c. Account Code	
	d. Period Begin	Balance			d. Period Begin Balance	
	\$				\$	
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 object and that I have been trained by the NC State Board of Elections. Americal K. Tabox 7-22-14 Printed Name of Signer Signature of Appointed Treasurer Date						
FOR OFFICE USE ONLY						
Date Received:	22/14	Employ	ee: Kacl	rellapu B	Delivery Method Normal Mail	
Date Postmarked:		Employ	ee:		Kegistered Mail Hand Delivered	
Date Scanned:		Employ	ee:		Electronically Filed	
Date Data Entered:		Employ			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
Use 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	Report	3. ID Number
Ameron for Carritack Commissioner	CAMPA		QCF 630
Start of Election Cycle: January 1, 2014	_	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ -0-	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 244.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
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	A AMERICAN PROPERTY OF THE PARTY OF THE PART		
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)	\$	\$
EXPENDITURES			
13) Disbursements		ne market and a	
13a) Operating Expenditures	(CRO-1310)	\$ 144.00	\$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 144.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 100.00	\$
ADDITIONAL INFORMATION			Description of the second seconds
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) TO LIGHT THORICO REPORTS STATE	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$ August 2008

		rom Individua			of		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CI 1. Committee Full Name (and Fund if applicable)						77.00	ID Number
Cameran for Carritack Commissione						6	DCF 630
	tributor Informa				move		
	lame, Mailing Addre de city, state, & zip)			b. Job Title/Profes	ssion	d. C	Comments
				Owner	^		
(An	nern K. 8 Tulls (Creek Rd		c. Employer's Name/Specific Field			
m.	waste N.	C. 27958		The PetWay Pet food Delivery		e. E	lection Sum to Date
0,10	your	757-69	2-5657			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
П						-	\$
H	-						\$
H	-		-		-		\$
				· · · · · · · · · · · · · · · · · · ·			T
	tributor Informa		L	Add Ren	move	la C	Comments
	de city, state, & zip)			b. Job Tiuc/Tiores	SIGH	a. C	ominents
	ennie Gi						
	2 11: 11466	Ln		c. Employer's Nan	ne/Specific Field	1	
112	3 V; 1149e Box 508		ļ		!	- FI	lection Sum to Date
7.0.	Olla, MC	27927	ŀ			-	
						\$	50,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount
							\$
							\$
							\$
	ributor Informa				nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Co	omments
(inciua	le city, state, & zip)						
				c. Employer's Nam	ne/Specific Field		
					1	e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							\$
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages					¢		
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

committees and coordinated party expenditures							
committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number							
1. Committee 1	an Name (and Yan	и п аррпеавіс)			2. 15 1 (41150)		
3. Type of Disb	ursement (Plea	se use separate C	CRO-1310 forms for each t	vpe of Disbursen	nent.)		
Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inforn	nation		Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
Rilly L	ong view Dr , H.C. 27916		***************************************		_		
piny ~	in an Or		c. Level Registered (Specify)		4		
103 BAY	VIEW DI	,	Federal	County:			
Andlett	, H.C. 21910	•	State	Municipality:	e. Election Sum to Date		
					\$ 50.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				Φ.			
				\$	L		
4. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
			a Lavel Degistered (Specify)		4		
			c. Level Registered (Specify)	County:	1		
			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		
				\$			
				\$			
4. Payee Inform	action	П	Add	Remove	<u> </u>		
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,	_		b. Coordinated Committee 142	inc	u. comments		
(merade city) states	CC 2.1p)						
			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		
i. Account Couc	g. Form of Layment	- Poor College	i. Date (initiadayyyy)		R. Required Remarks		
				\$			
				\$			
5. Total only this Page \$							
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Fynenses)							
(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 E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic					
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund		
O* - Other		0.1110		201111101			
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment Yes

of ____

No