

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

a. Full Name <i>COMMITTEE TO ELECT BURN PETREY</i>		c. ID Number <i>051408949</i>
b. Mailing Address (include City, State and Zip Code) <i>104 SAVANNAH AVE. GRANDY, NC 27939</i>		d. Date Filed <i>4-28-14</i>
		e. Phone Number <i>252-982-6065</i>

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
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6. Type of Committee (Check One)

- Candidate Campaign
 PAC
 Independent Expenditure
 Legal Expense Fund
 Party
 Referendum
 Joint Fundraiser

7. Type of Fund (if applicable, check one)

- Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

- | Municipal | State/County | Referendum |
|--|--|--|
| <input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day
<input checked="" type="checkbox"/> Pre-primary
<input type="checkbox"/> Pre-election
<input type="checkbox"/> Pre-runoff
<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Mid Year
<input type="checkbox"/> Year End
<input type="checkbox"/> Final
<input type="checkbox"/> Special | <input type="checkbox"/> Organizational
<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> First
<input type="checkbox"/> Second
<input type="checkbox"/> Third
<input type="checkbox"/> Fourth
<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Mid Year
<input type="checkbox"/> Year End
<input type="checkbox"/> Final
<input type="checkbox"/> Special | <input type="checkbox"/> Organizational
<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Final
<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Annual
<input type="checkbox"/> Special |

10. Special Report Name

11. Account Information

a. Financial Institution Full Name <i>TOWNE BANK</i>		a. Financial Institution Full Name	
b. Purpose <i>CAMPAIGN CHECKING</i>	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ <i>100.00</i>		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 correct and that I have been trained by the NC State Board of Elections.

H.M. PETREY Printed Name of Signer
 H.M. Petrey Signature of Appointed Treasurer
 4-28-14 Date

FOR OFFICE USE ONLY

Date Received: <u><i>4/29/14</i></u>	Employee: <u><i>M. E. H. J.</i></u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<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

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
COMMITTEE TO ELECT RUTH DEWEY		STRLY	051408949
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100. ⁰⁰	\$ 100. ⁰⁰
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1750. ⁰⁰	\$ 1750. 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			
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)		\$ 1750. ⁰⁰	\$ 1750. ⁰⁰
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5205. ⁰⁰	\$ 5205. 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, 16 and 17)		\$ 5205. ⁰⁰	\$ 5205. ⁰⁰
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -3355. ⁰⁰	\$ -3355
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)	\$	\$

CRO-1100

Contributions from Individuals

Pg 2 of 2 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) <i>COMMITTEE TO ELECT BETH PETREY</i>	2. ID Number <i>051408949</i>
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
<i>MICHAEL J. HASSETT 524 KERR LANE SPRINGFIELD, PA. 19064 610-466-7184</i>			<i>RETIRED</i>		
			c. Employer's Name/Specific Field <i>RETIRED</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>3/24/13</i>	<i>\$ 100.⁰⁰</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
<i>ALLEN IVES 411 SHADY CIRCLE ROCKY MOUNT, NC 27803 252-442-9700</i>			<i>PRESIDENT</i>		
			c. Employer's Name/Specific Field <i>TURNPIKE PROPERTY'S</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>\$ 250.⁰⁰</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
<i>JOHN T. MURRAY 198 COINJOLK DEVEL. COINJOLK, NC 27923. 757-573-1695</i>			<i>RETIRED</i>		
			c. Employer's Name/Specific Field <i>RETIRED</i>		
			e. Election Sum to Date		<i>\$ 200.⁰⁰</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>3/22/14</i>	<i>\$ 200.⁰⁰</i>
<input type="checkbox"/>					<i>\$</i>
<input type="checkbox"/>					<i>\$</i>

4. Total only this Page	<i>\$ 550.⁰⁰</i>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	<i>\$ 1750.⁰⁰</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) **2. ID Number**

COMMITTEE TO ELECT BURN PETREY 051408949

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DON CHEEK 1131 GRAY CT. COROLLA, NC 27927 252-453-2455		b. Job Title/Profession G.M. c. Employer's Name/Specific Field COROLLA LIGHT RESORT	d. Comments e. Election Sum to Date \$ 100. ⁰⁰
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK		3/22/14	\$ 100. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM E. CURLING 719 AYDLETT RD. AYDLETT, NC 27916 257-485-8703		b. Job Title/Profession PRES. c. Employer's Name/Specific Field W.E. CURLING	d. Comments e. Election Sum to Date \$ 1000. ⁰⁰
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK		3/22/14	\$ 1000. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) LEONARD S. FRIEDEN 123 COLLEGE PL. NORFOLK, VA 23510 757-340-9777		b. Job Title/Profession RETIRED c. Employer's Name/Specific Field RETIRED	d. Comments e. Election Sum to Date \$ 100. ⁰⁰
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK		3/23/14	\$ 100. ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 1200.⁰⁰

5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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	
COMMITTEE TO ELECT BUCH PETREY						051408949	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
U.S. POSTAL SERVICE GRANDY, NC 27939 252-331-1155							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1420. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	I	4/15/14	\$ 1420. ⁰⁰	POSTAGE		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE YARD SIGN LLC 4602 35TH ST. ORLANDO, FL 32811 407-384-3874							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2079	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	A	4/1/14	\$ 2079	YARD SIGNS		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES 2210 S. CROATAN HIGH. NAGS HEAD NC 27959 252-449-0204							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 320. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	K	4/1/14	\$ 320. ⁰⁰	OFFICE EXP.		
				\$			
5. Total only this Page						\$ 3819. ⁰⁰	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

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	
COMMITTEE TO ELECT BUTCH PETREY						051408949	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VISTA PRINT 95 HAYDEN AVE. LEXINGTON, MASS 02421 1-866-614-8002							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1386.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	B	4/1/14	\$ 1386.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				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:			
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				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:			
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 1386.00	
6. Total of ALL CRO-1310 Pages						\$ 5205.00	
(This line goes in line 13a 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 - 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)							

5205.00