

Disclosure Report Cover

Amendment
 Yes No

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 <u>MARION Gilbert</u>	c. ID Number <u>231966666</u>
b. Mailing Address (include City, State and Zip Code) <u>107 Fargoct Moyock NC 27958</u>	d. Date Filed <u>7/18/14</u>
	e. Phone Number <u>757-5363724</u>

2. Report Year <u>2014</u>	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy) <u>6/30/14</u>	5. Treasurer Full Name <u>MARION Gilbert</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report <u>0</u>			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Towne Bank</u>	a. Financial Institution Full Name	b. Purpose <u>Campaign</u>	b. Purpose
b. Purpose	c. Account Code	c. Account Code	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 correct and that I have been trained by the NC State Board of Elections.

MARION Gilbert Marion Gilbert 7/18/14
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7/25/14 Employee: Paula Lopez Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ Taped to office door

_____ _____ 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.

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	
MARION Gilbert for Commissioner						231966666	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Alvin Leed 181 Knotts Island Rd Knotts Island, NC 27950				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N/A		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>		check		6/7/14	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$	

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
MARION Gilbert ^{bar} Commissioner	Quarterly (2)	231-96-6666
Start of Election Cycle: January 1, 2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 200.40	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$
6) Contributions from Individuals (CRO-1210)	\$ 100.00	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$
9) Loan Proceeds (CRO-1410)	\$ 6	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 0	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$
15) Loan Repayments (CRO-1420)	\$ 0	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$
17) In-Kind Contributions (CRO-1510)	\$ 0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 340.40	\$
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)	\$	\$