Disclosure Report Cover

			-W			***		
A	ı	nendme	nt					
		Yes		χX	ľ	٧c	•	

Please note that this cover sheet 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 those kinds of committee changes.									
Use the Addendum form (CRO-1010) if more entries are needed.									
1. Committee Ir	nformation			"					
a. Full Name							c. ID Number		
Committee t	to Elect I	Mary Ann Bri	ley for (Clerk of	Super	ior cour	t _{V2YEKA}		
b. Mailing Address			·				d. Date Filed		
304 North Bickett St. 4-24-06									
Burgaw, N.	2042.	J					e. Phone Number		
							(910) 259-9621		
2. Report Year	3. Period Start	Date (mm/dd/yyyy)	4. Period End	Date (mm/dd.	/уууу)	5. Treasurer I	ull Name		
2006	02/13/0	6	04/1	5/06		Barbara	a Meadows		
6. Type of Committ	tee (Check one) 8.	Type of Report	(check on	ly one typ		one category)		
Candidate Cam	paign 🔲 F	arty M	unicipal		/County		Referendum		
Joint Fundraise	r 🔲 P	PAC [Organizationa		Organizat	ional	Organizational		
Referendum		[[Thirty-five da	y	Quarterly		Pre-referendum		
7. Type of Fund	(if applicab	ole, check one)	Pre-primary	\□	First	Plus	Final		
Soft Money Ac	count		Pre-election		Seco	nd	Supplemental Final		
Booster Fund"	•	ļC	Pre-runoff		Thire	i Plus	Annual		
Building Fund		i_	Semi-annual		Four	•••	Special		
	rty Financing Fu	1=	Mid Yea	1	Semi-ann				
_	ection Year Cand		Year End		Mid		9. Special Report Name		
NC Public Cam	-	*****	Final ·	ᄖ	Year	End			
		rty Financ <mark>i</mark> r	18 Special	<u> — </u>	Final		i i		
Fund for (Court 1		10. Accoun	Special	nation			
a. Financial Institu				a. Financial I	~				
Bank of Ame	,	100		a. Pillanciai II	institution	Tun Tvanic			
b. Purpose		c. Code		b. Purpose			c. Code		
b. I di pose		C. Code		D. I ti pose			C. Cout		
		MAB							
Campaign	n	d. Period Begin	Balance				d. Period Begin Balance		
			70.4	1					
j		\$ -0-					\$		
CERTIFICATI	ION					***			
I certify that th	ne Committee	is in compliance	with all provis	ions of Artic	le 22A,	including tha	t no funds are commingled		
		ut-of-state PAG							
101			,		Ň	<u>()</u>			
Barbara Meadows - ON STANC 160000 4-24-06									
	Printed Name of S	· · · · · · · · · · · · · · · · · · ·		nature of Appo	Lour V	hame	4-24-06 Date		
P	rinted Name of S	signer	Sig	mature of Appo	anted Item	Surer	Date		
FOR OFFICE	USE ONLY	/			10				
1		4/24/06			12	De	livery Method		
Date Receiv	Date Received: 4/24/86 Employee: Mormal Mail								
D. D.	1 1		77 1			百	Registered Mail		
Date Postma	arked:		Emplo	yee:		- 🗵	Hand Delivered		
Date Scanned: Employee: Employee:									

Detailed Summary

Amendment

Yes No

Committee Full Name (and Fund if applicable)	2. Type of Re	port	3. ID Number	
Committee to Elect Mary Ann Briley for	anizational	V2YEKA		
Start of Election Cycle: January 1, 2006	Total this	Total this		
4) Cash on Hand at Start		Reporting Period \$ -0-	S - O-	
RECEIPTS	- 			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 450.00	\$ 450.00	
6) Contributions from Individuals	(CRO-1210)	\$5,250.00	\$ 5,250.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ O	\$ 0	
8) Contributions from Other Political Committees	(CRO-1230)	\$ O	\$ O	
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ O	\$ O	
11) Other Receipt Sources	(CRO-1250)			
11a) Interest on Bank Accounts	(CRO-1250)	\$ O	\$ O	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ O	\$ O	
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ O	
12) "Goods and Services" Contributions	(CRO-1260)	\$ <u>0</u>	\$ O	
13) TOTAL RECEIPTS		\$ 5,700.00	\$ 5,700.00	
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12) EXPENDITURES		3,700.00	3,700.00	
14) Disbursements	(CRO-1310)			
14a) Operating Expenditures	(CRO-1310)	\$ O	\$ O	
14b) Contributions to Candidates/Political Committees		\$ 0	\$ 0	
14c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0	
15) Loan Repayments	(CRO-1420)	\$ 0	\$ O	
16) Refunds/Reimbursements From the Committee	(CRO-1320)		\$ 0	
17) In-Kind Contributions	(CRO-1510)		\$ O	
18) TOTAL EXPENDITURES	-	\$ 0	\$ 0	
(Add lines 14a, 14b, 14c, 15, 16, and 17)		ļ - <u> </u>		
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$5,700.00	\$ 5,700.00	
ADDITIONAL INFORMATION		,		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ O		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0		
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)	s 0		
25) Administrative Support	(CRO-1710)	\$ 0	\$	
26) Forgiven Loans	(CRO-1440)	\$ 0	\$	
27) 48-Hour Notice Reports Sum		\$ 0	\$	

Aggregated Contributions from Individuals

				Amendmen	t	
Page	1	of	1	Yes	No	

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Committ	ee to Elect		V2YEKA				
	utor Information				, , VZILIVA		
a. Amend		c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount		
Add			W. III TRIBU Description	C. Date (Minadayyy			
Remove	MAB	check		2-2-06	\$ 100.00		
☐ Add	1417	\ , ,			\$ 50.00		
Remove	<u>MAB</u>	check		3-1-06	50.00		
Remove	MAB	check		3-1-06	\$ 100.00		
Add		cash		2-28-06			
Remove	TAD			2-20-00	3 100.00		
Remove	MAB	cash		3- 08-06	\$ 100.00		
☐ Add					\$		
Ađd					\$		
Remove Add							
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	only this Page				\$ 450.00_		
	of ALL CRO-		GD 0 1140)		\$ 450.00		
(This line	must be on line 5 of L	.557,5					

Amendment **Contributions from Individuals** Pg $\underline{1}$ of $\underline{3}$ Yes □ No 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Mary Ann Briley for CSC V2YEKA 3. Contributor Information ■ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) unemployed Jennings Trawick c. Employer's Name/Specific Field 202 N. McNeil St. PO Box 956 e. Election Cycle Sum to Date Burgaw, NC 28425 (910)259-2904 250.00 g. Account Code h. Form of Payment i. In-Kind Description i. Date (mm/dd/yyyy) k. Amount MAB check 2-28-06 250.00 \$ \$ 3. Contributor Information ☐ Add Remove Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney c. Employer's Name/Specific Field Deborah Creech 1545 Pinkney Rd. Creech Law Firm e. Election Cycle Sum to Date Burgaw, NC 28425 250.00 Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount MAB 250.00 check 3-10-06 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Cycle Sum to Date Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) 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)

\$

\$

\$

500.00

5250.00

Contributions from Individuals

Conti	ributions fr	2 of 3	Amendment XX Yes No							
1. Commi	. Committee Full Name (and Fund if applicable)									
	Committee to Elect Mary Ann Briley for CSC V2YEKA Contributor Information									
	ributor Informa	nove								
	me, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Comments				
(menade	city, state, & zip)			Attorne	_{ev}					
Robe	rt W. Kilro	ру		c. Employer's Name/Specific Field						
447	Ballast Poi	int Rd.		Robert W. Kilroy - Floring Cycle Sum to Date						
натр	stead, NC	28443		Attorney		e. Election Cycle Sum to Date				
				_		\$ 1,000.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount				
	MAB	check			3-20 - 06	\$ 1,000.00				
						\$				
						\$				
3. Conti	ributor Informa	ition		Add Ren	nove					
	me, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comments				
	e city, state, & zip)			Attorne	∋y					
	C. Blackbur	m, Jr.		c. Employer's Name/Specific Field						
	Box 895 ptead, NC	28443		Pay C Bl	olkhum In					
TEATHS	pread, No	20443		Attorney a	et Law	e. Election Cycle Sum to Date				
						\$ 1,000.00				
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	ry) k. Amount				
	MAB	check			3-08-06	\$1,000.00				
		<u> </u>				\$				
						\$				
	ributor Informa				nove					
	ime, Mailing Addre e city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. Comments				
(Include	c city, state, & zip)			Attorne	⊇y					
Lawr	ence S. Boe	ehling		c. Employer's Nar	ne/Specific Field					
	Box 1416			Lawrence S. Boehling						
Burg	aw, NC 284	425		Attorney at Law		e. Election Cycle Sum to Date				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	\$ 500.00 (y) k. Amount				
			i. In-Killa Descrip	, , , , , , , , , , , , , , , , , , ,						
	MAB	check	<u> </u>		3-30-06	\$ 500.00				
						\$				
						\$				
4. Tota	4. Total only this Page \$ 2500.00									
i e		RO-1210 Pages	Page CRO-1100)			\$ 5250.00				

Contributions from Individuals Pg 3 of 3 Amendment Yes No

1. Committee Full Name (and Fund if applicable) 2. ID Number								
Committee to Elect Mary Ann Briley for CSC V2YEKA								
3. Contributor Information								
	me, Mailing Addre	sion	d. Ce	omments				
	e city, state, & zip)		· · · · · · · · · · · · · · · · · · ·	Attorney				
	nard von Bil	berstein, Jr.		c. Employer's Nam	ne/Specific Field			
	gaw, NC 28	425		Biberstein & Nunalee				
))259 - 2380	- -2-3		2154235021,		e. Ele	ection Cycle Sum to Date	
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount	
	MAB	check			3-09 - 06		\$ 1,000.00	
							\$	
							\$	
3. Cont	ributor Informa	tion		Add Ren	nove			
	nme, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Co	omments	
(includ	e city, state, & zip)			Attorn	Attorney			
Rich	nard L. Fran	nce		c. Employer's Nam	ne/Specific Field	 		
	Osprey Dr.			Richard L	Richard L. France			
Ham	ostead, NC	28443		Attorney at Law		e. Election Cycle Sum to Date		
							\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount	
	MAB	check			3-28-06		\$ 250.00	
						į	\$	
							\$	
3. Cont	ributor Informa	tion		Add Ren	nove			
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comments		
	e city, state, & zip)			Pharmac	ist			
	sta R. Strie			c. Employer's Nan	ne/Specific Field			
Burg	5 Ballybunio gaw, NC 28	425		 Kerr Dru	·			
(910	0)259-9562	123		Kerr Dru	g	e. El	lection Cycle Sum to Date	
			.			\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	yy)	k. Amount	
	MAB	check			3-07-06		\$ 1,000.00	
							\$	
							\$	
4. Tot	4. Total only this Page \$ 2250.00							
5. Tot	al of ALL CR	RO-1210 Pages				e	5350,00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								