

Disclosure Report Cover

Amendment
 Yes No

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 Information	
a. Full Name Committee to Elect Mary Ann Briley for	c. ID Number V2YEKA
b. Mailing Address (include City, State and Zip Code) 304 North Bickett St. Burgaw, N C 28425	d. Date Filed
	e. Phone Number (910) 259-5348

2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 07/01/06	4. Period End Date (mm/dd/yyyy) 10/21/06	5. Treasurer Full Name Barbara Meadows
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6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input checked="" type="checkbox"/> Other: Political Party Fund for Clerk of Court		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name Bank of America	a. Financial Institution Full Name	b. Purpose Campaign	c. Code MAB
		d. Period Begin Balance \$ 7,688.23	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Barbara Meadows Barbara Meadows 10/26/06
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY **DEC 14 2006**

Date Received: _____	Employee: <u>LH</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
		<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Mary Ann Briley CSC	3rd for Clerk of Court	V2YEKA	
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 7,688.23	\$ -0-	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 400.00	\$ 950.00	
6) Contributions from Individuals (CRO-1210)	\$ 3,453.00	\$ 11,459.40	
7) Contributions from Political Party Committees (CRO-1220)	\$ 250.00	\$ 250.00	
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 (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ 4,103.00	\$ 12,659.40	
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 9,068.77	\$ 9,580.54	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 153.00	\$ 509.40	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ 9,221.77	\$ 10,089.94	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ 2,569.46	\$ 2,569.46	
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	\$	\$	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect mary Ann Briley for Clerk of Superior Court					V2YEKA
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAB	check		07/16/06	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAB	check		08/04/06	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAB	check		09/09/06	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAB	check		09/22/06	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MAB	cash		10/05/06	\$ 100.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 400.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 400.00

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable) Committee to Elect Mary Ann Briley for Clerk of Superior Court	2. ID Number V2YEKA
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Everett L Durham 208 S Walker St. Burgaw, N.C. 28425	b. Job Title/Profession Meat Broker	d. Comments
	c. Employer's Name/Specific Field D & H Marketing 105 W Fremont St. Burgaw, N.C. 28425	
		e. Election Cycle Sum to Date \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MAB	check		10/20/06	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard T Rodgers 2451 Brick Mill Rd. Coats, N.C. 27521	b. Job Title/Profession Retired Professor	d. Comments
	c. Employer's Name/Specific Field Campbell University Buies Creek, N.C.	
		e. Election Cycle Sum to Date \$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MAB	check		07/11/06	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Kenneth A Shanklin 1743 S Live Oak Pkwy Wilmington, N.C. 28403	b. Job Title/Profession Attorney	d. Comments
	c. Employer's Name/Specific Field Shanklin & Nichols LLP 214 Market St. Wilmington, N.C. 28401	
		e. Election Cycle Sum to Date \$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MAB	check		07/21/06	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1700.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 3,453.00
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Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Superior Court					V2YEKA	
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	
Franklin E Martin 2405 Oleander Dr. Wilmington, N.C. 28403			Attorney At Law			
			c. Employer's Name/Specific Field			
			Frank Martin Attorney At Law P O Box 929 Wilmington, N.C. 28402		e. Election Cycle Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAB	check		07/25/06	\$ 150.00	
<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	
Mark I Nunalee P O Box 428 Burgaw, N.C. 28425			Attorney At Law			
			c. Employer's Name/Specific Field			
			Biberstein & Nunalee Attorneys At Law 100 S Walker St. Burgaw, N.C. 28425		e. Election Cycle Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAB	check		08/03/06	\$ 500.00	
<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	
Terry B Richardson 209 Princess St. Wilmington, N.C. 28401			Attorney At Law			
			c. Employer's Name/Specific Field			
			Terry B Richardson Attorney At Law 209 Princess St. Wilmington, N.C. 28402		e. Election Cycle Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAB	check		08/15/06	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,453.00	

Contributions from Individuals

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Superior Court						V2YEKA	
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	
Franklin E Martin 2405 Oleander Dr. Wilmington, N.C. 28403				Attorney			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Franklin E Martin Attorney At Law P O Box 929 Wilmington, N.C. 28402		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MAB	check		08/17/06	\$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	
Robert L Armstrong 5090 Hwy 53 W Burgaw, N.C. 28425				Attorney			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Robert Louis Armstrong Attorney At Law Lumina Station II Wilmington, N.C. 28403		\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MAB	check		09/06/06	\$ 300.00		
<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	
James Robbins 185 Raccoon Rd. Willard, N.C. 28478				Nursery			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Robbins Nursery		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MAB	check		09/04/06	\$150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages						\$ 3,453.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Superior Court					V2YEKA	
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	
Lisa Skinner Lefler 324 Pier Point Dr. Wilmington, N.C. 28405			Attorney			
			c. Employer's Name/Specific Field			
			Lisa Skinner Lefler, PC P O Box 2532 Wilmington, N.C. 28402		e. Election Cycle Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAB	check		10/17/056	\$ 250.00	
<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	
Joseph Samuel Briley, Jr. 304 N Bickett St. Burgaw, N.C. 28425			Police Chief, Burgaw			
			c. Employer's Name/Specific Field			
			Town of Burgaw, N.C.		e. Election Cycle Sum to Date	
					\$ 374.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MAB		T-Shirts	07/06/06	\$ 153.00	
<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 Cycle 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					\$ 403.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,453.00	

Contributions from Political Party Committees

Pg 1 of 1

Amendment Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Superior Court				V2YEKA	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Pender County Democratic Women c/o Lethia Towns & Kathy Bannerman Burgaw, N.C. 28425					
				c. Election Cycle Sum to Date	
				\$ 250.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
MAB	check		07/11/06	\$ 250.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 250.00	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Court				V2YEAK	
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
Ben's Advertising Specialties 1171 Old Maple Hill Rd. N Maple Hill, N.C. 28454			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 5,106.65
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1004	Corrugated Plastic Signs Frames/Pictorial Fans		\$ 4,697.60	
		Emery Boards/Balloons		\$	
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
NC Spot Festival P O Box 1456 Hampstead, N.C. 28433			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	ck # 1005 Vendor	Space for Spot Festival	08/04/06	\$ 50.00	
				\$	
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
Ben's Advertising Specialties 1171 Old Maple Hill Rd. N. Maple Hill, N.C. 28454			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date
					\$ 5,106.65
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check #1006	pencils 1,000	09/11/06	\$ 235.76	
				\$	
5. Total only this Page				\$ 4,983.36	
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>				\$ 9,068.77	
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Mary Ann Briley for CSC				V2YEAK	
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	
Joint Community Development Center of Rocky Point 17808 Hwy 210 P O Box 485 Rocky Point, N.C. 28457					
		c. Level Registered (Specify)		e. Election Cycle 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	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check #1007	Rocky Point Harvest Festival Parade	09/11/06	\$ 35.00	
				\$	
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	
Majestic Designs Sign Co 4245 NC Hwy 133 Rocky Point, N.C. 28457					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,662.78	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check 1008	Manufactured corrugated sign panels with frames (3)	09/12/06	\$ 1,560.06	
				\$	
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	
Maple Hill Civic Club, Inc. (Maple Hill Parade) P O Box 27 Maple Hill, N.C. 28454					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1009	Maple Hill Parade	09/19/06	\$ 100.00	
				\$	
5. Total only this Page				\$ 1,695.06	
6. Total of ALL CRO-1310 Pages				\$ 9,068.77	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Court				V2YEAK	
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	
The Pender Post P O Box 955 Burgaw, N.C. 28425					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 95.25	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1010	Political ad	09/27/06	\$ 95.25	
				\$	
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	
Pender Chronicle c/o Wallace Enterprise PO Box 107,N College St. Wallace, N.C. 28466					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 120.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1011	Political ad	09/27/06	\$ 120.00	
				\$	
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	
Topsail Voice P O Box 880 Hampstead, N.C. 28443					
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 111.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check 1012	Political ad	09/27/06	\$ 111.00	
				\$	
5. Total only this Page				\$ 326.25	
6. Total of ALL CRO-1310 Pages				\$9,068.77	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Court				V2YEAK	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input 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
Pender Post P O Box 955 Burgaw, N.C. 28425			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 222.25
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1015	(95.25)	10/06/06	\$ 127.00	
	check # 1016	(31.75)		\$	
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
Pender Chronicle c/o Wallace Enterprise PO Box 699, 107 N College St. Wallace, N.C. 28466			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 240.00
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1014		10/06/06	\$ 120.00	
				\$	
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
Topsail Voice P O Box 880 Hampstead, N.C. 28443			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Cycle Sum to Date
					\$ 244.20
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1013	(111.00)		\$ 133.20	
	check # 1017	(22.20)		\$	
5. Total only this Page				\$ 380.20	
6. Total of ALL CRO-1310 Pages				\$ 9,068.77	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Court				V2YEAK	
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 <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
The Pender Post P O Box 955 Burgaw, N.C. 28425		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 412.75	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check # 1018	Political Ad	10/12/06	\$190.50	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Topsail Voice P O Box 880 Hampstead, NC 28443		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 399.60	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check 1019	Political Ad	10/12/06	\$ 155.40	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Pender Chronicle P O Box 699 Wallace, N.C. 28466 c/o Wallace Enterprise		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 240.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
MAB	check 1020	Political Ad	10/12/06	\$ 120.00	
				\$	
5. Total only this Page				\$ 465.90	
6. Total of ALL CRO-1310 Pages				\$ 9,068.77	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Mary Ann Briley for Clerk of Court					V2YEAK	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input 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	
Pender Chronicle c/o Wallace Enterprise P O Box 107, N College St. Wallace, N.C. 28466			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
MAB	check 1021	ad		10/20/06	\$ 960.00	
					\$	
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	
Topsail Voice P O Box 880 Hampstead, N.C. 28443			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 621.60	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
MAB	check 1022	Ad		10/20/06	\$ 222.00	
					\$	
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	
Bank of America 100 Fremont St. Burgaw, N.C. 28425			c. Level Registered (Specify)		Service fees 12.00 check fee 18.00 deposit ticket fees 6.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 36.00	
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount	
					\$ 36.00	
					\$	
5. Total only this Page					\$ 1,218.00	
6. Total of ALL CRO-1310 Pages					\$ 9,068.77	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						

In-Kind Contributions

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Mary Ann Briley for Clerk of Court		V2YEKA
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
Joseph Samuel Briley, Jr. 304 N Bickett St. Burgaw, N. C. 28425		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments
		d. Election Cycle Sum to Date
		\$ 374.40
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
T-Shirts	07/06/06	\$ 153.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments
		d. Election Cycle Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments
		d. Election Cycle Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$



STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
Executive Director

MAILING ADDRESS:
P.O. BOX 27255
RALEIGH, NC 27611-7255

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Chapter 163 and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer who has completed mandatory treasurer training. The legislation also requires the State Board of Elections to provide training on the duties of a treasurer or assistant treasurer in person, through regional seminars, and through interactive electronic means. I have not completed this training, but am signing this report with the understanding that I will complete treasurer training no later than three months of receipt of notification that the State Board has interactive electronic means available for treasurer training.

I understand that I may complete training in person before interactive electronic means are available. Within thirty days of completion of the required training, by whatever means, I will review this report and make any necessary amendments to it.

I understand that if I make this certification knowing it to be untrue, I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

Committee to Elect Mary Ann Briley for Clerk of Court
Name of Committee

Barbara Meadows

Printed name of appointed treasurer

Barbara Meadows

Signature of appointed treasurer

10/26/06

Date