

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

Archibald Frederick Mc Coy

c. ID Number

#VHL6GD

b. Mailing Address (include City, State and Zip Code)

362 Harrell Rd
Burgaw N.C. 28425

d. Date Filed

2/11/13

e. Phone Number

910 259 9349

2. Report Year

2012

3. Period Start Date (mm/dd/yy)

7/25/12

4. Period End Date (mm/dd/yy)

12/31/12

5. Treasurer Full Name

Archibald Frederick Mc Coy

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

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☒ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Citizens Bank

b. Purpose

Checking

c. Account Code

DDA

d. Period Begin Balance

\$ 10.06-

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Archibald Frederick Mc Coy

Printed Name of Signer

Archibald Frederick Mc Coy

Signature of Appointed Treasurer

2/11/13

Date

FOR OFFICE USE ONLY

Date Received:

2/12/13

Employee:

DB

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

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	
Archibald Frederick McEay				#VHL 661	
Start of Election Cycle: January 1, 2012		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 10.06		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$ 1877.60	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 300.00	
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					
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)		\$		\$ 2177.60	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
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)		\$ 10.06		\$ 10.06	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 10.06		\$ 2177.60	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Archibald Frederick McCoy			#VHLGGD		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
Archibald Frederick McCoy 362 Herrell Rd Burgaw N.C. 28425			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		7/25/12
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 500.00
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			f. Purpose Code		j. Election Sum to Date
Engineer Tech.			L		\$ 1277.00
c. Employer's Name/Specific Field			g. Comments		k. Account Code
Retired NC DOT					DDA
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)		o. Amount
Cash			2/12/13		\$ 10.06
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			f. Purpose Code		j. Election Sum to Date
					\$
c. Employer's Name/Specific Field			g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			f. Purpose Code		j. Election Sum to Date
					\$
c. Employer's Name/Specific Field			g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page					\$
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 10.06
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name:

Archibald Fred M^cCoy

Treasurer Name:

Archibald Fred M^cCoy

Treasurer Address:

362 Harrell Rd

(include city, state, & zip)

Burgaw N.C. 28425

Treasurer Phone:

910 259 9349

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

2/11/13
Date Signed

Archibald Fred M^cCoy
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Pender County Board of Elections
PO Box 1232
Burgaw, NC 28425