Use this form for general report and committee information, must be signed and submitted along with other detailed form.  Do not use this form to update information.  1. Committee Information  2. Report Name  Achiball Frederia Me (ay)  Burgaw N.C. Z8425  C. Report Year 1. Period Start Date (mm/dd/yy)  C. Report Year 2. Period Start Date (mm/dd/yy)  C. Type of Committee (Check One)  C. Type of Committee (Check One)  C. Andidate Campaign Parry  Municipal Start-County  Referendum Organizational Organizational Organizational Pre-primary Pre-primary First Final  C. Type of Fund (if applicable, check one)  Booster Fund Building Fund  Check One  Check One  C. Account Code  C. Account	<b>Disclosure Report Cover</b>				Amendment  Yes No
Do not use this form to update information.  1. Committee (Information  2. Mailing Address (include City, State and Zip Code)  3. Mailing Address (include City, State and Zip Code)  3. Mailing Address (include City, State and Zip Code)  3. Mailing Address (include City, State and Zip Code)  3. Period Start Date (mm/ddby)  4. Period End Date (mm/ddby)  5. Treasurer Full Name  2. Report Year 3. Period Start Date (mm/ddby)  4. Period End Date (mm/ddby)  5. Treasurer Full Name  2. Report Year 3. Period Start Date (mm/ddby)  4. Period End Date (mm/ddby)  5. Treasurer Full Name  2. Report Year 3. Period Start Date (mm/ddby)  6. Type of Committee (Check One)  9. Type of Report (check only one type of report from one category)  Municipal State/County  Referendum  1. Drapational Organizational  1. Drapational Organizational  1. Drapational Organizational  1. Drapational Organizational  1. Pre-referendum  1. Account Information  2. Frend Haman Period Begin Balance  2. Pre-referendum  2. Pre-referendum  2. Pre-referendum  2. Pre-refer	Use this form for general report and commit	tee information,	must be signed and	submitted along	with other detailed forms.
a. Full Name    Composition   Frederica	Do not use this form to update information.				
Mailing Address (include City, State and Zip Code)   M. Service   M.					Mary Bushiel Co.
Second   Percentage   Percent	a. Full Name			c.	ID Number
Second   Percentage   Percent	Archiball Frederic	15 M=	(oy	3	#VHL6GD
Report Year   3. Period Start Date (mm/dd/yy)   4. Period End Date (mm/dd/yy)   5. Treasurer Full Name   20   1		le)		d.	Date Filed
2. Report Year   3. Period Start Date (mm/dd/yy)   4. Period End Date (mm/dd/yy)   5. Treasurer Full Name   Tol   Tol   Mrch   hall Fredrick   No   Tol   Mid   Fredrick   No   Tol   Mid   Fredrick   No   Tol   Mid   Fredrick   No   Tol   Mid					2/11/13
Report Year   3. Period Start Date (mm/dd/yy)   4. Period End Date (mm/dd/yy)   5. Treasurer Full Name   7.   2.5   7.   3.   4.   4.   4.   5.   7.   4.   5.   7.   4.   5.   7.   4.   5.   7.   5.   7.   7.   5.   7.   7	BATGEW N.C. Z8	425			
Committee (Check One)	·				
6. Type of Committee (Check One)    Candidate Campaign   Par   Referendum   Pac   Referendum   Organizational   Pre-referendum   Pre-perimary   First   Final   Final   Semi-annual   Sem	2. Report Year 3. Period Start Date (mm/d	d/yy) 4. Period	End Date (mm/dd/yy	5. Treasurer	Full Name
Candidate Campaign				Archiba	In Frederick NE
PAC		9. Type of Rep			from one category)
Independent Expenditure			The state of the s	A STATE OF THE PARTY OF THE PAR	
Legal Expense Fund					
7. Type of Fund (if applicable, check one)					The same of the same same same same same same same sam
7. Type of Fund (if applicable, check one)   Pre-runoff   Semi-annual   Year End   Mid Year   Year End   Final   Special   Third   Semi-annual   Semi-annual   Semi-annual   Year End   Mid Year   Year End   Final   Special   Third   Semi-annual   Semi-ann	Legal Expense Fund			-	
Booster Fund Building Fund Semi-annual Sem	7 Type of Fund (if applicable sheek one)				
Building Fund    Mid Year   Semi-annual   Special   Mid Year   Year End   Mid Year Year End				-	
Other:   Year End				_	Special
Other:  8. Number of Fundraisers this Report    Special   Special	Building Fund				
Second   Special   Speci	Other:				). Special Report Name
Special     Special       Special       Special       Special       Special       Special       Special       Special         Special       Special       Special       Special   Special   Specia				ar End	
11. Account Information a. Financial Institution Full Name    First Citizens   Banical Description   C. Account Code   D. Purpose   C. Account Code	or rander of rundraisers tims Report	Special		- 1	
a. Financial Institution Full Name  Fixef Cifizens Beauto b. Purpose  c. Account Code  D. D. A. D. D. A. D. D. A. D. D. D. A. D.	11 1	4	-		
EXAMPLE 1. Account Code  Checking  C					
CRACCOUNT Code  DDA  d. Period Begin Balance \$ 10.06-  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.  Archibal Frederick May Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Delivery Method Normal Mail  Date Postmarked:  Employee:  Delivery Method Normal Mail Registered Mail Hand Delivered Date Scanned:  Employee:  Date Scanned:  Employee:  Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,			a. Financial Institution	n Full Name	
CRACCOUNT Code  DDA  d. Period Begin Balance \$ 10.06-  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.  Archibal Frederics May Brinted Name of Signer Signature of Appointed Treasurer  FOR OFFICE USE ONLY  Date Received:  Delivery Method Normal Mail Registered Mail Hand Delivered Date Postmarked:  Employee:  Date Scanned:  Employee:  Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	First Citizens Ban	11	l		
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.    Archibal Forder of Mane of Signer   Signature of Appointed Treasurer   Date	b. Purpose c. Account C	ode	b. Purpose	C	Account Code
SCERTIFICATION  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.    Archibal Forder Law Law   Ambibal Forder Law		THE RESIDENCE AND ASSESSED.		01.	account code
SCERTIFICATION  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.    Archibal Forder Law Law   Ambibal Forder Law	$\mathcal{D}_{\mathcal{I}}$	A	l		
SCERTIFICATION  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.    Archi ball Frederist Msq   Authority Msq   Au	Checking d. Period Beg	in Balance	1	d.	Period Regin Ralance
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.    Archibal Frederist May   Printed Name of Signer   Signature of Appointed Treasurer   Date		nnla-			
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.    Archi ball bready   Chapter   Chapter		0,00		- 3	
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.    Archi ball frederist M (a)   Printed Name of Signer   Signature of Appointed Treasurer   Date					
The Notice of the Notice of 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.    Archi ball Frederist Metal   Printed Name of Signer   Signature of Appointed Treasurer   Poate	I certify that the Committee or Fund is in compl	iance with all appl	icable provisions of A	Article 22A, 22B &	22D-22M of Chapter 163
Archi ball Frederist Micay Author For Office USE ONLY  Date Received: 2/12/13 Employee: Delivery Method Normal Mail  Date Postmarked: Employee: Registered Mail  Date Scanned: Employee: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	of the NC General Statutes and that no funds are	e commingled with	prohibited or other n	on-disclosed funds	s. I further certify that this
Date Received: 2/12/13 Employee: Delivery Method Normal Mail Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Employee: Electronically Filed Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	report is complete, true and correct and that I ha	ive been trained by	the NC State Board	of Elections.	
Date Received: 2/12/13 Employee: Delivery Method Normal Mail Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Employee: Electronically Filed Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	1 1.1 (1 = 1)		1.1.11.0.	0.5/	
Date Received: 2/12/13 Employee: Delivery Method Normal Mail Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Employee: Electronically Filed Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Archi bald trederide Mit	a/ Chul	whala tredou	ed Mary	2/11/13
Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Date Employee:  Employee:  Employee:  Employee:  Date Date Entered:  Date Date Scannot be used to amend committee information such as the committee address, treasurer,		/ Sig	nature of Appointed Tre	asurer /	/ Date
Date Postmarked:  Date Scanned:  Employee:  Employee:  Date Scanned:  Employee:  Employee:  Date Data Entered:  Employee:  Employee:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  Employee:  Date Data Entered:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Date Data Ente	FOR OFFICE USE ONLY		0		
Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Employee:  Date Data Entered:  Employee:  Employee:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  Employee:  Date Data Entered:  Date Data Entered:  Employee:  Date Data Entered:  Date Data Ent	Date Received: 2/12/13	Employ	18a. () B	Delive	ry Method
Date Scanned: Employee: Hand Delivered  Employee: Electronically Filed  Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,		Employ	·	1 / 1 T X X X X X X X X X X X X X X X X X X	
Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Date Postmarked:	Employ	iee.		
Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,					
Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Date Scanned:	Employ	ree:	Ele	ectronically Filed
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Date Data Entered		15	— □ Siş	gner has not received
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,				<del></del>	indatory training
assistant deasurer, cusionian or nooks information, or account information	Please Note: This form cannot be used assistant treasurer or	to amend comm	ittee information su	ch as the commit	tee address, treasurer,

Amendment

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. Ty	pe of Report	3.	ID Number
Archibald Frederick M-Cay			WHL 6GD
	12	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)	\$	\$ 1817.60
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	nd 11e)	\$	\$ 2/77.60
EXPENDITURES	W 11		
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	nd 17)	\$ 10.06	\$ 2177.60
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 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)	\$	\$

		sements From the Com			<u></u>	Yes No
		and Fund if applicable)	ntributions return	ned to the contrib		ID Number
1 .		^ ^	2		1	_
Hrchib.	ald	Frederick ME	01/		-H	FVHL 6GD
3. Payee Informat			Add Re			7
a. Full Name, Mailing		Phone	d. Type of Comm		h. C	Original Receipt Date
(include city, state, &	900	0 - 0	Referendum	PAC Party	L	7/25/12
Archibald	tred	leride M=(or)	e. Level Registere		i. O	riginal Receipt Amount
Archibald Frederick M=Coy 362 Harrell Rd Burgaw N.C. 28425		Federal County: State Municipality:		\$	\$ 500,00	
BUTGEW	Ν. (	2. 75475	f. Purpose Code		j. E	lection Sum to Date
1000	70	20420			\$	1277.00
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
Engineer 7	ech.	Retired NC DOT				DDA
l. Form of Payment	m. Requ	ired Remarks		n. Date (mm/dd/yy)	yy)	o. Amount
Cash				2/12/13		\$ 10.06
3. Payee Informat	ion		Add Re			manufacture and
a. Full Name, Mailing	Address &	Phone	d. Type of Comm	ittee	h. C	Original Receipt Date
(include city, state, &	k zip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registere		i. O	riginal Receipt Amount
			Federal State	County:  Municipality:	\$	
			f. Purpose Code	ivium cipanty.	i. E	lection Sum to Date
					\$	Total Sun IV Dute
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	ng tala anggaran saway		Account Code
		c. Employer 3 Name/opecific Field	g. Comments	Data Sandard S. U. Saile	N. /1	account Code
l. Form of Payment	m. Requ	ired Remarks		n. Date (mm/dd/yy)	yy)	o. Amount
						\$
3. Payee Informat	ion		Add Rei	move		15/435
a. Full Name, Mailing		Phone	d. Type of Commi		h. C	Original Receipt Date
(include city, state, &			Candidate	PAC		
			Referendum	Party		
			e. Level Registere	d	i. O	riginal Receipt Amount
			Federal	County:	\$	
			State	Municipality:		
			f. Purpose Code		j. El	lection Sum to Date
					\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
. Form of Payment	m. Requi	ired Remarks		n. Date (mm/dd/yy	yy)	o. Amount
						\$
4. Total only this I	age				\$	
5. Total of ALL C	RO-1320	Pages Detailed Summary Page CRO-1100)			\$	10.06
and the second s	Control of the Contro	illed disbursement code in (f) abo	wa)	Carried Color		10,00
L - Returned to C	ontributo (	or M - Overpayment for		N - Excee	ded	Contribution Limit
P* - Reimbursen						
* Codes require	detailed	explanation in required remark	ks field (m)			

Amendment



## 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= Coy
Treasurer Name:	Archibald Fred M= Coy
Treasurer Address:	362 Harrell Pel
(include city, state, & zip)	BLYGEW N.C. 28425
Treasurer Phone:	910 759 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.

7 / / / /3 Date Signed Arshibell Fred M= Con 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

CRO-3400

Certification to Close Committee

December 2009