

NOTICE OF CANDIDACY (Non-PARTISAN) _

2013

Election Year

Municipal/County

_____Election

For the office of: MAY	OR OF BURGAW		
Date: 07/05/2013	Candidate ID: 6HLY5B		
I hereby file notice as	a candidate for election to the office of	MAYOR OF BURGAW	in the
	Election to be held on 11/05/2013	in PENDER	County.
I request that my nam	e appear on the ballot as follows:		
Kenneth T. (Pete) Cowan			
314 S BICKETT ST, BU Residential Address: (Street, City, Z	RGAW, NC 28425		
PO BOX 908, BURGAW	NC 28425		
Mailing Address if different (POB, C	ity, Zip)		
Home: (910) 259	9250 Cell: (910) 520 - 6080 Bus	siness: (910) <u>663</u> - <u>3490</u>	
Have you ever	swear to the following to be true, correct, and con been convicted of a felony? (Felony conviction result of reversal on appeal or resulted in a part	need not be disclosed if the	e conviction was
If you have been conviction hours of submitting this Signature of Candidate		e "Candidate Felony Disclos	sure" form within 48
	Certification of Notice of Ca	ndidacy	S E. Roy
I hereby certify that \underline{K}	enneth T. (Pete) Cowan (Name as it will appear on ballot)	, the candidate	who signed above,
personally appeared b	pefore me this day and signed in my present	ce.	* 0
Sworn and subscribed	d before me this5thday ofJuly	2013	NOTARY PUBLIC
Title and signature of	certifying Officer:	B	
My commission expire	es: <u>3/3//2615</u> State of North	Carolina, County of	M. GOO! N. T. Sees
	Verification by County Board o	f Elections	
The undersigned has	examined the voter registration records in	PENDER C	County and found
KENNETH COWAN	to be a registered voter in the mu	nicipality/county of Bur	igan .
County Chairman, Sec	cretary or Director: Signature and date	7/8/13	
The Notice of Candidacy with which he/she files of	must be signed in the presence of the chairman or a candidate may have his/her signature on the	, secretary or director of the l Notice of Candidacy acknowl	Board of Elections ledged and certified

Information about the powers, duties, and responsibilities of city and county elective offices in North Carolina is available from the School of Government of the University of North Carolina at Chapel Hill at www.sog.unc.edu/programs/cceo. The School of Government provides training, research, and consultation for state and local government officials and citizens.

to by any officer authorized to administer an oath. (See NCGS § 163-294.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS §

163-323(a).

Affidavit Attesting to Nickname (NCGS § 163-106(a))

I, KENNETH COWAN (Legal name)	have been duly sworn,	hereby state under oath that I have been
commonly known by the nickna	ame, PETE	, for at least five years and
request that my name be placed	on the ballot as follows:	Kenneth T. (Pete) Cowan (Name to appear on ballot)
In the event that another candidate	ate with the same last nan	ne as mine files notice of candidacy for
the same office for which I am a	a candidate, my name sho	ould be listed on the ballot as follows:
(Legal name and nickname)		Reservation E. BO
(Signature legal name)		NOTARY PUBLIC O
I hereby certify that	THY T. COWAN	, the candidate who signed above,
personally signed in my presenc	e.	
Sworn to and subscribed before	me this5-TK day of	/o/4 , 2013 .
Title of Certifying Officer		Signature of Certifying Officer
My commission evniros:	2/31/2015	, _)

Disclosure Report (Cover				Amendment
Use this form for general repo	ort and committee in	nformation,	must be signed and	submitted along	☐ Yes ☐ No with other detailed forms
Do not use this form to updat	e information.	100			with other detailed forms
1. Committee Information	A SERVICE AND				
a. Full Name	<i>a</i> .			c.	ID Number
HELWETT. (6HL4513
b. Mailing Address (include City, S			HANGE AND REAL PROPERTY.	d	Date Filed
BULGAU, NC					7/5/2013
BULLAN, NC	28445				Phone Number
					910-289-9750
2. Report Year 3. Period Sta		/		1/	^
	5/2013		5/2013	FEWETH.	T. COWAN
6. Type of Committee (Check Candidate Campaign		Type of Rep	oort (check only on	e type of report	
		nicipal	State/County		eferendum
IS. 2 '	Referendum	Organizationa			Organizational
	oint Fundraiser	Thirty-five da		59 I =	Pre-referendum
Legal Expense Fund	ᄖ	Pre-primary	Firs	15	Final
7 Tune of Francis (if!)		Pre-election		cond	Supplemental Final
7. Type of Fund (if applicab	ole, check one)	Pre-runoff	Thi		Annual
		Semi-annual	Fou		Special
☐ Building Fund	lH	Mid Yea			
Other:	IH.	Year End). Special Report Name
Other:		Final		ar End	
8. Number of Fundraisers th	is Report	Special	Final		
			☐ Special		
11. Account Information	ALCHARDIST THE STREET	対は変数が続	11. Account Inform		
a. Financial Institution Full Name	THE RESIDENCE		a. Financial Institution	ı Full Name	HATELET REPORT OF
NEWBILIDEZ P.	34 suc				
b. Purpose	c. Account Code		b. Purpose	c. /	Account Code
a way	KC				
Comprega	d. Period Begin Ba	lance		d.	Period Begin Balance
	\$ -0 -			\$	
CERTIFICATION	NUMBER OF STREET	tentil selonis		errupiniu mantata kalun	doens om man sero elbenas musicaciones in
I certify that the Committee or F of the NC General Statutes and report is complete, true and corr	that no funds are com	mingled with	prohibited or other no	on-disclosed funds	22D-22M of Chapter 163 s. I further certify that this
CENUITY T.C	OWAN	(e)	engha	_	07/05/2013
Printed Name of Si	gner	Sign	nature of Appointed Trea	surer	Date
FOR OFFICE USE ONLY					
Date Received:		Employ	ree:		ry <u>Method</u> ormal Mail
Date Postmarked:		Employ	ree:	☐ Re	gistered Mail nd Delivered
Date Scanned:		Employ	ree:	THE PROPERTY OF THE PROPERTY O	ectronically Filed
Date Data Entered:		Employ	ee:		ner has not received ndatory 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.

NC State Board of Elections

August 2008

CRO-1000

Statement of Organization - Candidate Committee

. /
IL No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amendin

1. Committee In	formation	to 9100 and C	RO-3300 (when a	nending, only	re-submit if applicable).
a. Full Name					c. ID Number
RENNE	TH T. Couran	/			6HLYSB
b. Mailing Address	include City, State and Zip Code	e)			d. Date Organized
P.O. 1	Def 408				7/5/2013
Burg	m, dc 284.	15			e. Phone Number
2. Candidate Inf	ormation		THE PARTY OF PARTY AND PARTY.	□ Candidat	e's Primary Committee
a. Full Name			e. Candidate ID Nui		f. Party Affiliation
KANET	ST. Coura		641451	3	Deutocy Fac (Indicate Non-partisan if applicable
	include City, State, and Zip Code		g. Office Sought		
OO B	10x 908 BUNG	JAN NC	Mayo	-Bu	ngm, rc
c . Phone Number	d. Email Address	公共日本科技会社	h. Next Election Yea	r i. J	Jurisdiction
<i>910-289.9</i> 76 □ Email copy of			2013		Persu
3. Treasurer Info		III Company	1 0 1 1 6		NO. 7 . NO. 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10
a. Full Name	ormation		4. Custodian of Books Information a. Full Name		
Sanles			a. Full Name		
b. Mailing Address (i	nclude City, State, and Zip Code)	b. Mailing Address (include City. St	ate, and Zin Code)
c. Phone Number	d. Email Address		Di V		
c. I none (valide)	d. Eman Address		c. Phone Number d. Email Address		
I prefer to recei	ve notices by email	Yes No	☐ Email copy	of notices	
5. Assistant Trea	surer Information	Add	6. Account Infor		cl. CRO-3500) Add
a. Full Name		Remove	a. Financial Institution	on Full Name	Remove
			Newsmi	162 3	Aalc
b. Mailing Address (i	nclude City, State, and Zip Code)		b. Purpose		
			Campung		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			KO/		king
☐ Email copy		191 Habby	, ,		,
Chapter 163 of the	Committee or Fund is in cor	that noffunds a	re commingled wit	sions of Artic	cle 22A, 22B & 22D-22M of or other non-disclosed funds.
Prin	ted Name of Signer	Sigi	nature of Appointed Tro	easurer	Date



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	V
Candidate Name:	COUNTY T. COURN
Treasurer Name:	CONNETH T. COURS
Treasurer Address:	314 Sound Belle 17 8t - Brugon, NC 28445
(include city, state, & zip)	BULLAN, NC 284YS
(A)	MAILING ADDRESS - PO BOX 908 - PURGUEU, NC
Treasurer Phone:	910-259-9750

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/5/2013
Date Signed

Ottory
Signate



North Carolina State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

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

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:	1/
Committee Name:	Krungh T. Cours
Treasurer Name:	SANCE
Treasurer Address:	POBA 908-BURGOURC 28485
(include city, state, & zip)	
Treasurer Phone:	910-259-9250
election cycle under the pro until the end of the election expenditures during this ele of elections and file require	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
7/5/2013	Jeanny 12
Date Signed	Signature



North Carolina

State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

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

Certification of Threshold

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This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

Treasurer Name: Treasurer Address: 314 Soon Pointer St. (include city, state, & zip) Treasurer Phone: 1 Certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.	FILED BY:	1/
Treasurer Address: (include city, state, & zip) Treasurer Phone: (include c	Committee Name:	Konweset T. Cowan
Treasurer Phone: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.	Treasurer Name:	KENVETA T. COWAN
Treasurer Phone: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.	Treasurer Address:	314 Sound BICKETT St.
Treasurer Phone: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.	(include city, state, & zip)	Bungan, NC Z8485
Check One: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.		
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10 10 000	I certify that this commelection cycle under the produntil the end of the election expenditures during this election of elections and file required THIS DECLARATION CAN I am withdrawing my to file the next scheduled	cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously

Disclosure Report Co	ver				Amendment ☐ Yes ☐ No
Use this form for general report a		formation, n	nust be signed an	d submitted a	☐ Yes ☐ No long with other detailed forms.
Do not use this form to update in					3
1. Committee Information		是这是少			有一种,但是一种,不是一种,不是一种,
a. Full Name					c. ID Number
FENNETH T. C	COURT				64LY513
b. Mailing Address (include City, State					d. Date Filed
314 S BICKETT	15t-	_			2/5/14
BUNGAW, KC Z	28475				e. Phone Number
					910-259-9450
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	End Date (mm/dd/	yy) 5. Treast	arer Full Name
2013 1/5/13		2/51	14	Keda	Et T. Cour
6. Type of Committee (Check O			ort (check only	one type of re	eport from one category)
Candidate Campaign Party	•	nicipal	State/Cou		Referendum
	200101-0-0010-00-0	Organizationa		nizational	Organizational
	20-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Thirty-five day			Pre-referendum
Legal Expense Fund		Pre-primary		First	Final
		Pre-election		Second	Supplemental Final
7. Type of Fund (if applicable, Booster Fund	check one)	Pre-runoff	1=	Third	Annual
		Semi-annual Mid Year		Fourth -annual	Special
☐ Building Fund	片	Year End	<u></u> , 15,1225	-annuar Mid Year	10. Special Report Name
Other:	l H	Final		Year End	10. Special Report Ivame
8. Number of Fundraisers this		Special	Final	rear End	
or realiser of randraisers and	жероге	oper	☐ Speci	al	
11 Assaurt Information	IS-STORY STORY	VECTOR PROPERTY.			
11. Account Information a. Financial Institution Full Name			11. Account Inf a. Financial Institu		
rlance armer land	<u></u>		a. I manciai Institu	non run runc	
b. Purpose	c. Account Code	desir.	b. Purpose		c. Account Code
b. Purpose CAMARGN FINANCE	KC		•		
THANCE	d. Period Begin Ba	lance			d. Period Begin Balance
4.	\$ -0 -				\$
CERTIFICATION					
I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct EAWETH To Comprise Name of Signature 1988.	nt no funds are com t and that I have be	en trained by	prohibited or othe	r non-disclosed d of Elections.	funds. I further certify that this
FOR OFFICE USE ONLY			00		
Date Received:	2/5/14	Employ	ree: <u>OB</u>	<u>I</u>	Delivery Method Normal Mail
Date Postmarked:		Employ	/ee:	j	Registered Mail Hand Delivered
Date Scanned:		Employ	/ee:	/.	☐ Electronically Filed
	norwali com vita	The second second			
Date Data Entered:		Employ	/ee:		☐ Signer has not received mandatory training

assistant treasurer, custodian of books information, or account information.

Amendment Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information ☐ Yes ☐ No

. Computtee Full Name (and Fund if applicable) 2. Type of			3. ID Number	
CERNETH T. COWAN	V	6HLY513		
Start of Election Cycle: January 1, 2013	-	Total this Reporting Perio	Total this d Election Cycle	
4) Cash on Hand at Start		s -O -	\$ -0 -	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 3100	\$ 3100	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
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,	lld and lle)	\$ 3100	\$ 3100	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2646.75	\$ 2646-25	
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)	\$ 453.75	\$ 453.75	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 3/00	\$3100	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract 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)	\$	\$	
	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

		rom Individua		Pg Contributions und		Amendment Yes No CRO 1205 is not used	
1. Com	mittee Full Nan	ne (and Fund if app	plicable)	Olltibutions and	ler \$50 ii ioiiii C	2. ID Number	1
Ka	diller 7	- loan				6HLY513	
3. Cont	tributor Inform:	ation		Add 🔲 Re	move		
	lame, Mailing Addre		~	b. Job Title/Profe	ession	d. Comments	
	de city, state, & zip)			Refined	0		
KZ	EL.VETH	T. Courn		c. Employer's Na		-	
31	4 5 Bick	411 ST -		CANDO	173	Disatis Com to Data	_
130	ing on, he	c 28475		CAMA	712	s 2500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy		
	KC	CASIL			7/5/13	\$100	
	Kc	CASA			8/20/13	\$900	
	Ke	Cash			10/11/13	\$300	
COLUMN TO SERVICE SERV	ributor Informa ame, Mailing Addre			PERSONAL PROPERTY AND PROPERTY	move	1. 2	50
	ame, Mailing Addre le city, state, & zip)	ss & Phone		b. Job Title/Profe		d. Comments	
1.		- 1		Mating			
	anato T			c. Employer's Nar		-	
1500	1 S BICK	20-11 11 Jan 12 12 12 12 12 12 12 12 12 12 12 12 12		CANDIANTE		e. Election Sum to Date	
	/	28478				\$ 2500	
		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount	
	KC	CARL			10/25/13	\$ 1200	4
						\$	_
						\$	
	ributor Informa me, Mailing Addre			Add Rer		d. Comments	100
	ime, Mailing Addre e city, state, & zip)	ss & rhone		2 .		d. Comments	-
N	w-ia. R	611		Retine			
100	as Design	PEAEL WOODS PP NC 78445		c. Employer's Nan	ne/Specific Fiela		
0	8 riney	woodsier				e. Election Sum to Date	
		UC 78445				\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	yy) k. Amount	
	KC	CHECK			11/13	\$ 500	
						\$	
						\$	
4. Tota	al only this Pa	ige	建筑设置		是其其物	\$ 3000	
		O-1210 Pages			加速扩充的	\$ 3100	
(m)	e must be on line 6	of Detailed Summary Pa	age CRO-1100)		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7100	

Contributions from Individuals	Pg	2 of 2	Amendment Yes No
Use this form to report individual contributions over \$50) or contributions unde	r \$50 if form CRC) 1205 is not used
1. Committee Full Name (and Fund if applicable)	(2011年)(1911年)(1911年)		. ID Number
GUNGTH T. COURN			6HLY513
3. Contributor Information	☐ Add ☐ Rem	love	Salver expect.
a. Full Name, Mailing Address & Phone	b. Job Title/Profess	sion d.	. Comments
(include city, state, & zip)	FARMER	2	
JAMES T. ROBBINS 234 RACCOON RD WILLARD, NC	c. Employer's Name	e/Specific Field	
934 RACCOON ILL			
WILLARD, NC		e. <i>J</i>	Election Sum to Date
28478		\$	\$ 100
f. Prior g. Account Code h. Form of Payment i. In-Kind D	escription j	j. Date (mm/dd/yyyy)	k. Amount
□ KC CHROK		11/1/13	\$ 100
			\$
			\$
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a. Full Name, Mailing Address & Phone	b. Job Title/Professi	ion d. (Comments
(include city, state, & zip)			3500
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		e. F	Election Sum to Date
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	on d. C	Comments
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	scription J.	Date (mm/dd/yyyy)	k. Amount
			\$
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4. Total only this Page	Ass. Village Const	\$	100
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Suppose Proc CRO Man)		\$	3100

Disbursen	nents				Pgof	7	Amendment S S No
	report expenditures	from the commit	tee for a	nerating ev			
	coordinated party ex		ice for t	sperating ex	penses, contitout	ions t	o candidate/pointical
	Full Name (and Fun			建设在办 ~~		15.97	2. ID Number
1	THT. Coa	7					6424513
3. Type of Dish			20-131) forms for a	each type of Dist	burse	ment.)
Operating Exp		tributions to Candida					ed Party Expenditures
4. Payee Inform					Remove		
The Charles and the Conference of the Conference	failing Address & Ph	one	Hone	b. Coordinat	ed Committee Nam	e	d. Comments
(include city, state							
News	12060 PSA, NU, NC 445	uk_		c. Level Regi	istered (Specify) County:		
130kg	NO, NC			State	Municipa	ality:	e. Election Sum to Date
			,		,	اـــا	\$ 49.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
KC	Auto WIThorn	v K	7/	7/13	\$ 4.75		
KC	rı	11	8/5	1/13	\$ 5,00		
4. Payee Inform	nation			Ádd 🔲	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Name	e	d. Comments
(include city, sta	te, & zip)						
News	21069 Bank	_		Y 10	1 1/0 10 1	4-11-7-7-7	
				Federal	stered (Specify) County:	Cole:	
Dungi	ro, 1 c			State	Municipa	dity:	e. Election Sum to Date
2848						,	
							\$ 49.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
KC	Acto Withour	K	91.	10/13	\$ 5,00		
KC	66	11	10f.	1/13	\$ 5,00		
4. Payee Inform	nation			Àdd 🔲	Remove	6.91	
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Name	e e	d. Comments
(include city, sta	te, & zip)						
Newtonidge PANC Bungaville 28445				c. Level Registered (Specify) Federal County:			
7-8/8×				☐ State	☐ Municipa	ility:	e. Election Sum to Date
204.	's						\$ 49.75
					r		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$ 5,00	k. Re	quired Remarks
10	Acto Willdow		13/-	20/10	\$5.00		
5 Total only th			17	0/13	Ψ .	2023	\$ 111135
5. Total only th	CRO-1310 Pages						\$ 44.58 \$ 2646,75
	line 13a of Detailed Sun	ımarv Page CRO-11	00 if Ope	rating Expens	es)	2803	c 7/11/2 25
	line 13b of Detailed Sun)	\$ 2090,00
	line 13c of Detailed Sun						
	odes (List detailed		Harry of a city	ALIANSAN PROGRAMMA PROPRIETA	STATE OF THE REAL PROPERTY.		
A* - Media	B* - Printi			undraising	D - To	Anoth	ner Candidate
E - Salaries	F* - Equip			litical Party			g Public Office Expenses
I - Postage	J - Penaltic			ffice Expen		-0-9	on to Legal Expense Fund
O* Other	1000 1000 1000 1000 1000 1000 1000 100			under transfer de la de Maria de la deservación de la defenda de la decembra de	10.00 10.00 10.00		
* Codes requir	e detailed explanati	on in required r	emarks	field (k)	and we say the		

						Ame	ndment
Disbursem	ients				Pg Z of	3 0	Yes No
Use this form to	report expenditures	from the commit	tee for c	operating ex	penses, contribut	ons to candid	ate/political
committees and	coordinated party ex	cpenditures		P	70	Ono to comme	ater pontieur
1. Committee F	Full Name (and Fund	d if applicable)				2. ID No	ımber
Laur	A.T. Coux	H.				642	4513
3. Type of Disb			20-131(forms for	each type of Disb		NE DESCRIPTION NO.
Operating Expo		ntributions to Candida				rdinated Party Ex	
4. Payee Inform		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ALS	Add	Remove	dillated rany 2.	penditures
	failing Address & Pho	one			ted Committee Name	d. Comme	ente
(include city, state,	, & zip)				tu commi	(TIME)	Ilta
	de Parak			c. Level Regis	istered (Specify) County: Municipa	lity: e. Election	n Sum to Date
2842	5					\$ 40	
f. Account Code	g. Form of Payment	h. Purpose Code	I: Date (mm/dd/yyyy)	j. Amount	k. Required Re	A
L. Account Conc		1 .	1		\$ 5.	k. Required is	marks
XC	Ach Ochdin		1/21	1/14			
*					\$		e. <u> </u>
4. Payee Inform				Add	Remove		
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comme	nts
(include city, stat						+	7
Dante Co	CALKER ST-	Elections			200000000000000000000000000000000000000	TILIA	g Fee
On E &	The state of		1		stered (Specify)	Pilit .	ı
			1	Federal State	County: Municipal	- Floation	0 t- D-to
Burgon	MC 2844	5		Li State	Numerpar	\$ 5.	Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mŋ/dd/yyyy)	j. Amount	k. Required Re	marks
KC	CHECK	Ĥ	7/5		\$ 5.00		
/	CHILL		1-1	/			
	L!	<u> </u>			\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comme	nts
(include city, stat	.e, & zip)						
Total.	Durge Hwy 1175 VMC 2848				stered (Specify)	<u> </u>	NS
145 05	Hwg 1175	_		Federal State	County: Municipal	ity: e. Election	Sum to Date
Buch	UNC 2848:)				\$ 33	32
			i. Date (r	mm/dd/yyyy)	j. Amount	k. Required Re	marks
KC	CHICK	B	uli	1	\$ 332		
					\$		
5. Total only thi	is Page					\$ 31	YY
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 26	46,25

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media

B* - Printing

C* - Fundraising

E - Salaries

D - To Another Candidate

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k)

Disbursements		77		~	Amendment	
Disdursements	Pg	2	of	5	☐ Yes	No
Handli C	В			_		

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LENGTH T. COURT						6ALY513	
3. Type of Disb	ursement.)						
Operating Exp	enses	ntributions to Candida				rdinated Party Expenditures	
4. Payee Inform		排放 医水生		Add	Remove		
	failing Address & Ph	ione		b. Coordina	ted Committee Name	d. Comments	
(include city, state,	, & zip)						
Perda	lost			c. Level Reg	istered (Specify) County:		
201 W	FREMONT			State	Municipal	lity: e. Election Sum to Date	
	w, M 284					\$ 2200	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks	
KC	CHECK	A	191	20/13	\$ 200		
11	И	()	9/	7/13	\$ 200		
4. Payee Inforn	nation			Add \square	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinat	ed Committee Name	d. Comments	
(include city, stat							
Rysder V	Pasí					_	
201 10 1	-remont St	-			istered (Specify)	<u> </u>	
Dues	Nasí -nemont St . N.C. 2848			Federal County: State Municipality: e. Election Sum to Date			
15ULESNO 1	100 201						
						\$ 2760	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks	
KC	CHECK	A	10/4	1/13	\$ 200		
il	u	((10/1	1/13	\$ 200		
4. Payee Inform	nation			Add	Remove		
the confidence of the second control of the second control of	ng Address & Phone			b. Coordinat	ed Committee Name	d. Comments	
(include city, stat	0040 (CTA - COO) = /4)						
Penter Post 201 W FLEMENT ST				c. Level Regi	stered (Specify)		
P	De DUIN			☐ State	☐ Municipali	ty: e. Election Sum to Date	
	NC 2847	<u> </u>				\$ 2260	
	g. Form of Payment		i. Date (n	nm/dd/yyyy)	-	k. Required Remarks	
KC	CHECK	A .	10/1	8/13	\$ 200		
t(U	(1	10/20	1/13	\$ 1260		
5. Total only thi	is Page					\$ 2260	
6. Total of ALL	CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					1 2646.25		
1 age one of comments and the contract of the							
	line 13c of Detailed Sum				Expenditures)		
	odes (List detailed					5. 生星系以及1950年1954年1955 - 145	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate						[HE B B B B B B B B B B B B B B B B B B B	
E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expe					ding Public Office Expenses		
I - Postage O* Other	J - Penaitie	25	r Ωl	nce Expen	ses Q* - Dor	nation to Legal Expense Fund	
With the second comment of the second commen	* Codes require detailed explanation in required remarks field (k)						

		sements From the Connds/reimbursements, including co			Amendment Yes No	
COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	Transmission of the latest and the l	and Fund if applicable)	(多年) 数字次数字形态		2. ID Number	
1/		- COWAN		и СЭОС и при подвинатили при Повитродие. в	6HLY513	
		, COWAN	1 A 11		6HZ1313	
3. Payee Informati a. Full Name, Mailing		Di		move		
a. Full Name, Mailing (include city, state, &		rhone	d. Type of Comm	PAC	h. Original Receipt Date	
1/			Referendum	Party	10/25/13	
BENNETI	4 T.	COWAN	e. Level Registere		i. Original Receipt Amount	
RENNETH T. COWAR 314 S PICKETT ST - BURGAN, NC 28478			Federal State	County: Municipality:	\$ 1200	
BUNEAU	10	28428	f. Purpose Code		j. Election Sum to Date	
17013/10	,,,,,	2071-			\$ 2500	
b. Job Title/Profession	14	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Ratinar	2					
l. Form of Payment		ired Damorks	- and the state of	n Date (mm.t.)	w) lo Amount	
	-	ired Remarks		n. Date (mm/dd/yyy		
CHECK	K	PNATION REFUND		2/3/14	\$453,75	
3. Payee Informati			Management of the Control of the Con	move		
a. Full Name, Mailing		Phone	d. Type of Comm		h. Original Receipt Date	
(include city, state, &	zip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registere		i. Original Receipt Amount	
			Federal	County:	\$	
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			f. Purpose Code		j. Election Sum to Date	
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b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k, Account Code	
l. Form of Payment	m. Requ	ired Remarks		n. Date (mm/dd/yyy		
					\$	
3. Payee Informati	on		Add 🔲 Rei	move		
a. Full Name, Mailing	Address &	Phone	d. Type of Commi	ittee	h. Original Receipt Date	
(include city, state, &	zip)		Candidate	PAC		
			Referendum	Party		
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b. Job Title/Profession	usan-meni	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
b. Job Titler Foression		El Employer 57 minusopeenie 2 ieus	8. 00			
l. Form of Payment	m. Requ	ired Remarks		n. Date (mm/dd/yyy		
					\$	
4. Total only this F	age		京学生发生		\$ 453,75	
5. Total of ALL Cl (This line must be on		Pages Detailed Summary Page CRO-1100)			\$ 453,75	
		iled disbursement code in (f) abo	ove)			
L - Returned to Co				N - Excee	ded Contribution Limit	
P* - Reimbursen				4.5		
		explanation in required remar	ks field (m)			



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director 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:	1	
Committee Name:	SAME TI COWAN	
Treasurer Name:		
Treasurer Address:	314 Sound Bideag St.	
(include city, state, & zip)	BURGOUINC 28475	
Treasurer Phone:		

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.

Signatur