



NOTICE OF CANDIDACY (Non- PARTISAN) 2013 Election
Election Year Municipal/County

For the office of: MAYOR 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
PENDER Election to be held on 11/05/2013 in PENDER County.

I request that my name appear on the ballot as follows:

Kenneth T. (Pete) Cowan
Please print or type name above
314 S BICKETT ST. BURGAW, NC 28425
Residential Address: (Street, City, ZIP)
PO BOX 908, BURGAW, NC 28425
Mailing Address if different (POB, City, Zip)

Home: (910) 259 - 9250 Cell: (910) 520 - 6080 Business: (910) 663 - 3490

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.

YES NO Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106

Signature of Candidate (legal name) *[Signature]*

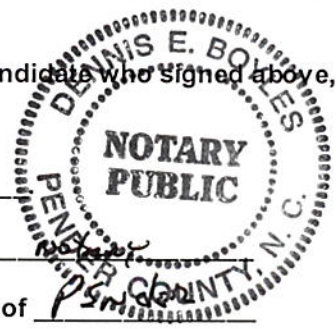
Certification of Notice of Candidacy

I hereby certify that Kenneth T. (Pete) Cowan, the candidate who signed above,
(Name as it will appear on ballot)
personally appeared before me this day and signed in my presence.

Sworn and subscribed before me this 5th day of July 2013

Title and signature of certifying Officer: *[Signature]*

My commission expires: 3/31/2015 State of North Carolina, County of PENDER



Verification by County Board of Elections

The undersigned has examined the voter registration records in PENDER County and found
KENNETH COWAN to be a registered voter in the municipality/county of Burgaw.

County Chairman, Secretary or Director: *[Signature]* 7/8/13
Signature and date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified 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).

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.

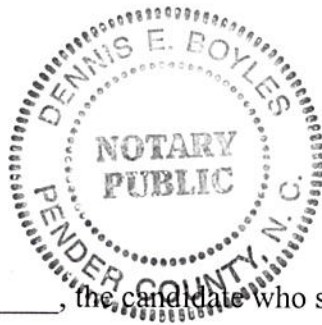
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, KENNETH COWAN have been duly sworn, hereby state under oath that I have been
(Legal name)
commonly known by the nickname, 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 with the same last name as mine files notice of candidacy for
the same office for which I am a candidate, my name should be listed on the ballot as follows:

KENNETH T. (PETE) COWAN
(Legal name and nickname)

[Signature]
(Signature / Legal name)



I hereby certify that KENNETH T. COWAN, the candidate who signed above,
personally signed in my presence.

Sworn to and subscribed before me this 5th day of July, 2013.

Notary
Title of Certifying Officer

[Signature]
Signature of Certifying Officer

My commission expires: 3/31/2015

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 <i>KENNETH T. COWAN</i> | | c. ID Number <i>6HLV513</i> | | |
| b. Mailing Address (include City, State and Zip Code) <i>PO Box 908 BURLINGAME NC 28485</i> | | d. Date Filed <i>7/5/2013</i> | | e. Phone Number <i>910-289-4750</i> |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| <i>2013</i> | <i>07/05/2013</i> | <i>07/05/2013</i> | <i>KENNETH T. COWAN</i> | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name <i>NEWBRIER BANK</i> | | a. Financial Institution Full Name | | |
| b. Purpose <i>Campaign</i> | c. Account Code <i>KC</i> | b. Purpose | c. Account Code | |
| | d. Period Begin Balance \$ <i>-0-</i> | | 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. | | | | |
| <i>Kenneth T. Cowan</i> Printed Name of Signer | | <i>[Signature]</i> Signature of Appointed Treasurer | | <i>07/05/2013</i> Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: _____ | Employee: _____ | Delivery Method | | |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Normal Mail | | |
| Date Scanned: _____ | Employee: _____ | <input type="checkbox"/> Registered Mail | | |
| Date Data Entered: _____ | Employee: _____ | <input type="checkbox"/> Hand Delivered | | |
| | | <input type="checkbox"/> Electronically Filed | | |
| | | <input type="checkbox"/> Signer has not received mandatory training | | |
| <p>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.</p> | | | | |

Statement of Organization - Candidate Committee

Amendment
 Yes 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 amending, only re-submit if applicable).

| 1. Committee Information | | | |
|---|------------------|--|---|
| a. Full Name | | c. ID Number | |
| KENNETH T. COWAN | | 64LY513 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| P.O. Box 908 BURGAN, NC 28425 | | 7/5/2013 | |
| | | e. Phone Number | |
| | | 910-259-9750 | |
| 2. Candidate Information | | | |
| <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| KENNETH T. COWAN | | 64LY513 | Democrat (Indicate Non-partisan if applicable) |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| PO Box 908 BURGAN, NC 28425 | | Mayor - BURGAN, NC | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 910-259-9750 | | 2013 | PENNA |
| <input type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| SANKU | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |
| I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices | | | |
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | b. Purpose |
| | | NEWBURN BANK | Campaign |
| b. Mailing Address (include City, State, and Zip Code) | | c. Account Code | d. Type |
| | | K0 | checking |
| <input type="checkbox"/> Email copy of notices | | | |
| 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. | | | |
| KENNETH T. COWAN | | | 7-5-2013 |
| Printed Name of Signer | | Signature of Appointed Treasurer | 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:

Candidate Name: KENNETH T. COOK

Treasurer Name: KENNETH T. COOK

Treasurer Address: 314 South Bickett St -
 (include city, state, & zip) BURDEN, NC 28415

Mailing Address - PO Box 908 - BURDEN, NC 28415

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

[Signature]
 Signature of Candidate

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



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:

Committee Name: Kenan F. Cowan

Treasurer Name: Same

Treasurer Address: PO Box 908 - Boone, NC 28605
(include city, state, & zip)

Treasurer Phone: 910-259-9150

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.

7/5/2013
Date Signed

[Signature]
Signature

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



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:

Committee Name: KENNETH T. COWAN
 Treasurer Name: KENNETH T. COWAN
 Treasurer Address: 314 Soons BICKETT ST.
 (include city, state, & zip) BURGAW, NC 28425

 Treasurer Phone: 919-259-9250

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.

10-10-2013
Date Signed

Signature

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

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 <i>KENNETH T. COWAN</i> | | c. ID Number <i>642513</i> | | |
| b. Mailing Address (include City, State and Zip Code) <i>314 S PUCKETT ST. BUNGAW, NC 28425</i> | | d. Date Filed <i>2/5/14</i> | | e. Phone Number <i>910-259-9450</i> |
| 2. Report Year <i>2013</i> | 3. Period Start Date (mm/dd/yy) <i>7/5/13</i> | 4. Period End Date (mm/dd/yy) <i>2/5/14</i> | 5. Treasurer Full Name <i>Kenneth T. Cowan</i> | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | | |
| <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | | | |
| 8. Number of Fundraisers this Report | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name <i>NEWBRIDGE BANK</i> | | a. Financial Institution Full Name | | |
| b. Purpose <i>CAMPAIGN FINANCE</i> | c. Account Code <i>KC</i> | b. Purpose | c. Account Code | |
| | d. Period Begin Balance \$ <i>00 -</i> | | 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. | | | | |
| <i>KENNETH T. COWAN</i> Printed Name of Signer | | <i>[Signature]</i> Signature of Appointed Treasurer | | <i>2/5/2014</i> Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | <i>2/5/14</i> | Employee: | <i>OB</i> | Delivery Method |
| Date Postmarked: | | Employee: | | <input type="checkbox"/> Normal Mail |
| Date Scanned: | | Employee: | | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | | Employee: | | <input checked="" type="checkbox"/> Hand Delivered |
| | | | | <input type="checkbox"/> Electronically Filed |
| | | | | <input type="checkbox"/> Signer has not received mandatory 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. | | | | |

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. Type of Report | 3. ID Number |
|--|-----------------------------|---------------------------|
| KENNETH T. COWAN | FINAL | 6HLY513 |
| Start of Election Cycle: January 1, 2013 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ -0- | \$ -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, 11d and 11e) | \$ 3100 | \$ 3100 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 2646.25 | \$ 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, 16 and 17) | \$ 3100 | \$ 3100 |
| 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-2220) | \$ | \$ |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ |

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|-----------------|--------------------|---|----------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) <i>KENNETH T. COWAN</i> | | | | | 2. ID Number <i>644513</i> | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>KENNETH T. COWAN 314 S BICKETT ST - BOUNGAN, NC 28475</i> | | | b. Job Title/Profession <i>Retired</i> | | d. Comments | |
| | | | c. Employer's Name/Specific Field <i>CANDIDATE</i> | | e. Election Sum to Date <i>\$ 2500</i> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | <i>KC</i> | <i>CASH</i> | | <i>7/5/13</i> | <i>\$ 100</i> | |
| <input type="checkbox"/> | <i>KC</i> | <i>CASH</i> | | <i>8/20/13</i> | <i>\$ 900</i> | |
| <input type="checkbox"/> | <i>KC</i> | <i>CASH</i> | | <i>10/17/13</i> | <i>\$ 300</i> | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>KENNETH T. COWAN 314 S BICKETT ST - BOUNGAN, NC 28475</i> | | | b. Job Title/Profession <i>Retired</i> | | d. Comments | |
| | | | c. Employer's Name/Specific Field <i>CANDIDATE</i> | | e. Election Sum to Date <i>\$ 2500</i> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | <i>KC</i> | <i>CASH</i> | | <i>10/25/13</i> | <i>\$ 1200</i> | |
| <input type="checkbox"/> | | | | | <i>\$</i> | |
| <input type="checkbox"/> | | | | | <i>\$</i> | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>MARTIN BEAL 681 PINEY WOODS RD BOUNGAN, NC 28475</i> | | | b. Job Title/Profession <i>Retired</i> | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date <i>\$ 500</i> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | <i>KC</i> | <i>CHECK</i> | | <i>11/1/13</i> | <i>\$ 500</i> | |
| <input type="checkbox"/> | | | | | <i>\$</i> | |
| <input type="checkbox"/> | | | | | <i>\$</i> | |
| 4. Total only this Page | | | | | <i>\$ 3000</i> | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | <i>\$ 3100</i> | |

Contributions from Individuals

Pg 2 of 2 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| VANNERT T. COGAN | | | | | | 64LY513 | |
| 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 T. ROBBINS 234 RACCOON RD WILLARD, NC 28478 | | | | FARMER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | KC | CHECK | | 11/1/13 | \$ 100 | | |
| <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 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"/> | | | | | \$ | | |
| 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 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 | | | | | | \$ 100 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 3100 | |

Disbursements

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 | |
| KARENETHA T. COWAN | | | | | | 0112513 | |
| 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 | |
| NEWBRIDGE BANK BUNGAY, NC 28425 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 49.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| KC | Auto Withdrawal | K | 7/17/13 | \$ 49.25 | | | |
| KC | " | " | 8/21/13 | \$ 5.00 | | | |
| 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 | |
| NEWBRIDGE BANK BUNGAY, NC 28425 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 49.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| KC | Auto Withdrawal | K | 9/20/13 | \$ 5.00 | | | |
| KC | " | " | 10/21/13 | \$ 5.00 | | | |
| 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 | |
| NEWBRIDGE BANK BUNGAY, NC 28425 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 49.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| KC | Auto Withdrawal | K | 11/21/13 | \$ 5.00 | | | |
| KC | " | " | 12/20/13 | \$ 5.00 | | | |
| 5. Total only this Page | | | | | | \$ 44.25 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2646.25 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | 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

Amendment
 Yes No

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) <i>Kenneth T. Cooper</i> | | | | | | 2. ID Number <i>644573</i> | |
| 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) <i>Newedge Bank Burgaw, NC 28425</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ <i>49.25</i> | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| <i>KC</i> | <i>Auto Withdrawal</i> | <i>K</i> | <i>1/21/14</i> | <i>\$ 5.00</i> | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Pender County Bd. of Elections 805 S Walker St - Burgaw, NC 28425</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ <i>5.00</i> | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| <i>KC</i> | <i>CHECK</i> | <i>H</i> | <i>7/5/13</i> | <i>\$ 5.00</i> | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Total Image 745 US Hwy 117 S Burgaw, NC 28425</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ <i>332</i> | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| <i>KC</i> | <i>CHECK</i> | <i>B</i> | <i>11/1/13</i> | <i>\$ 332</i> | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ <i>347</i> | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ <i>2646.25</i> | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | 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

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) <i>KENNETH T. COUW</i> | | | | | | 2. ID Number <i>644513</i> |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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) <i>Pender Post 201 W Fremont Burgaw, NC 28425</i> | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | e. Election Sum to Date <i>\$ 2260</i> | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| <i>KC</i> | <i>check</i> | <i>A</i> | <i>9/20/13</i> | <i>\$ 200</i> | | |
| <i>11</i> | <i>11</i> | <i>11</i> | <i>9/27/13</i> | <i>\$ 200</i> | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Pender Post 201 W Fremont St Burgaw, NC 28425</i> | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | e. Election Sum to Date <i>\$ 2260</i> | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| <i>KC</i> | <i>check</i> | <i>A</i> | <i>10/4/13</i> | <i>\$ 200</i> | | |
| <i>11</i> | <i>11</i> | <i>11</i> | <i>10/11/13</i> | <i>\$ 200</i> | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Pender Post 201 W Fremont St Burgaw, NC 28425</i> | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | e. Election Sum to Date <i>\$ 2260</i> | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| <i>KC</i> | <i>check</i> | <i>A</i> | <i>10/18/13</i> | <i>\$ 200</i> | | |
| <i>11</i> | <i>11</i> | <i>11</i> | <i>10/25/13</i> | <i>\$ 1260</i> | | |
| 5. Total only this Page | | | | | <i>\$ 2260</i> | |
| 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) | | | | | <i>\$ 2646.25</i> | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | 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) | | | | | | |

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) <u>KENNETH T. COWAN</u> | | | 2. ID Number <u>6HLY513</u> | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>KENNETH T. COWAN</u> <u>314 S BICKETT ST -</u> <u>BOUNO, NC 28428</u> | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | h. Original Receipt Date <u>10/25/13</u> |
| b. Job Title/Profession <u>Retired</u> | | c. Employer's Name/Specific Field | | g. Comments |
| e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | f. Purpose Code | | i. Original Receipt Amount \$ <u>1700</u> |
| l. Form of Payment <u>CHECK</u> | | m. Required Remarks <u>DONATION REFUND</u> | | n. Date (mm/dd/yyyy) <u>2/3/14</u> |
| | | | | o. Amount \$ <u>453.75</u> |
| 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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | h. Original Receipt Date |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments |
| e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | f. Purpose Code | | i. Original Receipt Amount \$ |
| 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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | h. Original Receipt Date |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments |
| e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | f. Purpose Code | | i. Original Receipt Amount \$ |
| l. Form of Payment | | m. Required Remarks | | n. Date (mm/dd/yyyy) |
| | | | | o. Amount \$ |
| 4. Total only this Page | | | | \$ <u>453.75</u> |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ <u>453.75</u> |
| 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
 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:

Committee Name:

KENNETH T. COWAN

Treasurer Name:

SAVVA

Treasurer Address:

314 SOUTH BRIDGE ST -

(include city, state, & zip)

DURHAM, NC 28415

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.

1/30/2014
 Date Signed

[Signature]
 Signature

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