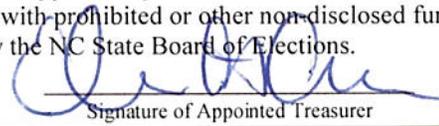# Disclosure Report Cover

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

Amendment
☒ Yes   ☐ No

1. Committee Information

a. Full Name
COMMITTEE TO RE-ELECT ROBERT W KILROY

c. ID Number
QHLQ05

b. Mailing Address (include City, State and Zip Code)
447 BALLAST POINT
HAMPSTEAD, NC 28443

d. Date Filed
04-21-2014

e. Phone Number
910-663-3944

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	02-24-2014	04-14-2014	ELIZABETH H CRAVER

6. Type of Committee (Check One)

☒ Candidate Campaign   ☐ Party
☐ PAC   ☐ Referendum
☐ Independent Expenditure   ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
☐ Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
NEWBRIDGE BANK

b. Purpose	c. Account Code
CAMPAIGN ACCOUNTS RECEIPTS AND EXPENDITURES	RK
	d. Period Begin Balance $ 0.00

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code
	d. Period Begin Balance $

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

ELIZABETH H CRAVER
Printed Name of Signer

[signature]
Signature of Appointed Treasurer

06-02-2014
Date

FOR OFFICE USE ONLY

Date Received: 6/9/14   Employee: DB
Date Postmarked: _____   Employee: _____
Date Scanned: _____   Employee: _____
Date Data Entered: _____   Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ 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

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment: ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO RE-ELECT ROBERT W KILROY	FIRST	QHLQ05

Start of Election Cycle: January 1, __2014__		Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start	$ 0	$ 0

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$	$
6)	Contributions from Individuals	(CRO-1210)	$ 0	$ 0
7)	Contributions from Political Party Committees	(CRO-1220)	$	$
8)	Contributions from Other Political Committees	(CRO-1230)	$	$
9)	Loan Proceeds	(CRO-1410)	$ 934.00	$ 934.00
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 and 11e)		$ 934.00	$ 934.00

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	$ 857.65	$ 857.65
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)	$	$
17)	In-Kind Contributions	(CRO-1510)	$	$
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 857.65	$ 857.65
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 76.35	$ 76.35

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
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)	$	$

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

Pg _____ of _____

Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO RE-ELECT ROBERT W KILROY	QHLQ05

3. Lender Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ROBERT W KILROY 447 BALLAST POINT HAMPSTEAD, NC 28443	CLERK OF SUPERIOR COURT	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	02-24-2014
		f. End Date (mm/dd/yyyy)
		04-19-2014

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	N/A	RK	CHECK	$ 934.00

l. Full Name of Lending Institution	m. Loan Number
N/A	

4. Endorsers/Makers   *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page CRO-1100)

$ 934.00

Outstanding Loans

Amendment ☒ Yes ☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO RE-ELECT ROBERT W KILROY	QHLQ05

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ROBERT W KILROY 447 BALLAST POINT HAMPSTEAD, NC 28443	CLERK OF SUPERIOR COURT	
	c. Employer's Name/Specific Field STATE OF NC	**e. Start Date (mm/dd/yyyy)** 02-24-2014
		f. End Date (mm/dd/yyyy) 04-19-2014

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	$ 934.00	$ 934.00

k. Full Name of Lending Institution	l. Loan Number
N/A	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 934.00

Debts and Obligations Owed By the Committee

Pg ____ of ____   Amendment ☒ Yes ☐ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO RE-ELECT ROBERT W KILROY	QHLQ05

3. Creditor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
ROBERT W KILROY 447 BALLAST POINT HAMPSTEAD, NC 28443	b. Description of Creditor INDIVIDUAL CANDIDATE

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$ 0	$ 934.00	$ 934.00	$ 934.00

g. Incurred Debts (what the committee received this period)

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount $
	g4. Purpose Code	g5. Required Remarks

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount $
	g4. Purpose Code	g5. Required Remarks

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount $
	g4. Purpose Code	g5. Required Remarks

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount $
	g4. Purpose Code	g5. Required Remarks

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount $
	g4. Purpose Code	g5. Required Remarks

4. Total only this Page (This should be the sum of all items 'g3.' from this page)	$ 934.00
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)	$

6. Pupose Codes (List detailed expenditure code in (g4.)

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	O* - Other

* Codes require detailed explanation in required remarks field (g5.)

CRO-1610   NC State Board of Elections   February 2011

Disbursements

Pg ___ of ___

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
COMMITTEE TO RE-ELECT ROBERT W KILROY	QHLQ05

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NEWBRIDGE BANK PO BOX 867 LEXINGTON, NC 27293	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 23.65

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RK	DEDUCTION	O	03-31-312014	$23.65	CHECK PRINTING
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Pender County Board of Elections	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	Filing Fee **e. Election Sum to Date** $ 834.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RK	Check	O	2-13-14	$ 834.00	Check printing
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$
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)*	$ 857.65

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)

CRO-1310   NC State Board of Elections   December 2009