| Disclosure Report | Cover | | | | 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 | | 75 (april 1987 st | | | | | | | | |
| 1. Committee Informatio a. Full Name | n | | | | c. ID Number | | | | | |
| Committee to Elect Scott | Lawson | | | | 9HLQH3 | | | | | |
| b. Mailing Address (include Cit | ty, State and Zip Code) | | | | d. Date Filed | | | | | |
| Scott Lawson | | | | , , , , , , , , , , , , , , , , , , , | 4/28/14 | | | | | |
| 176 Harbour Village Driv | | | | | | | | | | |
| PO Box 911Hampstead, N | NC 28443 | | | | e. Phone Number | | | | | |
| | | | | | 910-622-0148 | | | | | |
| 2. Report Year 3. Pe | riod Start Date (mm/d | d/yy) 4. Period (mm/dd/yy) | End Date | 5. Treasurer Full | Name | | | | | |
| 2014 | 2/26/14 | 4/ | 19/14 | Rick Tunner | | | | | | |
| 6. Type of Committee (Cl | | 9. Type of Report | | ly one type of report | | | | | | |
| Candidate Campaign | Party | Municipal | State/C | | Referendum | | | | | |
| PAC Independent | Referendum Joint Fundraiser | Organizationa Thirty-five da | | Organizational | Organizational Pre-referendum | | | | | |
| Expenditure Legal Expense Fund | Joint Fundraiser | Thirty-five day | , | Quarterly | Pre-referendum | | | | | |
| | pplicable, check one) | Pre-primary | | First | Final | | | | | |
| Booster Fund" | | Pre-election | | Second | Supplemental Final | | | | | |
| Building Fund | | Pre-runoff | | Third | Annual | | | | | |
| | | Semi-annual Mid Yea | . 📙 , | Fourth Semi-annual | Special | | | | | |
| Other: | | Year End | | Mid Year | 10. Special Report Name | | | | | |
| | | Final | | Year End | | | | | | |
| 8. Number of Fundraiser | s this Report | Special | | Final | | | | | | |
| 0 | | I 10-12-3 | | Special | | | | | | |
| 11. Account Information a. Financial Institution Full Na | | | 11. Account I | nformation itution Full Name | | | | | | |
| TD Bank | ine | | a. Financiai Inst | itution Full Name | | | | | | |
| b. Purpose | c. Account Code | | b. Purpose | | c. Account Code | | | | | |
| Campaign | 121 | 5 | | | | | | | | |
| Finance | d. Period Begin Balance | | | | d. Period Begin Balance | | | | | |
| | | | | | | | | | | |
| | \$ 0 | | | | \$ | | | | | |
| CERTIFICATION | | | | | | | | | | |
| I certify that the Committe the NC General Statutes ar is complete, true and corre | nd that no funds are co | mmingled with prob | ibited or other | non-disclosed funds. | & 22D-22M of Chapter 163 of I further certify that this report | | | | | |
| is complete, tracana conc | Lungen | t trained by the NC S | State Board over | MIL | 7/19/14 | | | | | |
| Prin | ted Name of Signer | S | ignature of Appoint | ted Treasurer | Date | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | |
| Date Received: | | Employee: | <u> </u> | | Delivery Method Normal Mail | | | | | |
| Date Postmarked: | | Employee: | | | Registered Mail Hand Delivered | | | | | |
| Date Scanned: | | Employee: | | | Electronically Filed Signer has not received | | | | | |
| Date Data Entered: | | Employee: | | <u> </u> | mandatory training | | | | | |
| | | n of books informat | ion, or account | information. | ess, treasurer, assistant treasurer, ee changes. | | | | | |

Amendment

Yes \boxtimes No

Amendment

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

| COMMITTEE TO ELECT SCOTT LAWSON | 2014 IST QUART | LE D | | 3. ID N | |
|---|----------------|------|--------------------------------|---------|--|
| | REPORT | IEK | | 9HLQF | 13 |
| Start of Election Cycle: January 1, | 2014 | | 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) | \$ | 1,272.28 | S | 1,272.38 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | 350.00 | S | 350.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | | \$ | |
| 9) Loan Proceeds | (CRO-1410) | \$ | 3,000.00 | \$ | 3,000.00 |
| 10) Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | 100 mg |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | | \$ | |
| 11b) Contributions from Not-for-Profit Organization | s (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) | S | | S | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1 | Id and He) | \$ | 4,622.28 | \$ | 4,622.28 |
| <u>EXPENDITURES</u> | | | | | .,022.20 |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | 1,297.95 | \$ | 1,297.95 |
| 13b) Contributions to Candidates/Political Committee | es (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) | \$ | | S | |
| 17) In-Kind Contributions | (CRO-1510) | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 10 | 6 and 17) | \$ | 1,297.95 | \$ | 1,297.95 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtrace | | \$ | 3,324.33 | \$ | 3,324.33 |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | | | 127 3 CA |
| Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | | | The state of the s |
| 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) | * | | \$ | |
| (6) Forgiven Loans | | \$ | | \$ | |
| 7) 48-Hour Notice Reports Sum | | \$ | | \$ | |
| (8) Contributions to be Refunded | - | \$ | | | |
| PO 1100 | , | w | | \$ | |

| | | m Individuals ividual contributions of | .ver \$51 | Pg Or contributions und | | - | Ninendiner Nes | |
|-----------|-----------------------------|--|-------------|--|--------------------|-------------|-----------------|----------|
| - | | (and Fund if applica | | o or contributions and | der 550 ir form en | 2. ID Nu | | |
| | | SCOTT LAWSON | | The same of the sa | | | 9HLQH3 | |
| 3 Contr | ibutor Informati | on | \boxtimes | Add Re | emove | | | |
| | ne, Mailing Address | | | b. Job Title/Profession | | d. Comme | nts | |
| | city, state, & zip) | C I HOIL | | LAW ENFORCE | | u. comme | 1113 | |
| 1 | LAWSON | | | | 114453114 | CANDI | DATE | |
| | RBOUR VILLAG | E DRIVE C-16 | | c. Employer's Name/S | specific Field | | | |
| РО ВОХ | 911 | | | | | | | |
| | TEAD, NC 28443 | | | | | e. Election | Sum to Date | |
| 910-622- | 0148 | | | | | \$ | 937.51 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-l | Kind Description | j. Date (mm/dd/y) | yyy) | k. Amount | |
| | 1215 | MoneyOrder | FIL | ING FEE | 02/26/2 | 2014 | \$ | 700.00 |
| | 1215 | Check | CEI | LPHONE | 02/19/ | 2014 | \$ | 160.48 |
| | 1215 | CreditCard | PHO | DTOGRAPHS | 02/25/ | 2014 | \$ | 77.03 |
| | ibutor Informati | | | Add Re | emove | | | |
| | ne, Mailing Address | & Phone | | b. Job Title/Profession | | d. Comme | nts | |
| | city, state, & zip) | | | LAW ENFORCE | MENT | | | |
| | LAWSON | E DRIVE C 17 | | | 10 E 11 | - | | |
| PO BOX | RBOUR VILLAG | E DRIVE C-16 | | c. Employer's Name/S | specific Field | - | | |
| i | TEAD, NC 28443 | | | _ | | e Election | Sum to Date | |
| 910-622- | | | | | | \$ | 1,146.73 | |
| f. Prior | g. Account Code | h. Form of Payment | i to l | Kind Description | j. Date (mm/dd/y | | k. Amount | |
| | | | | | | | | 50.70 |
| | 1215 | CreditCard | - | BSITE | 03/16/2 | | \$ | 58.78 |
| | 1215 | Debit Card | | FICE SUPPLIES | 03/11/ | | \$ | 27.05 |
| | 1215 | Debit Card | OFF | FICE SUPPLIES | 03/11/. | 2014 | \$ | 123.39 |
| | ibutor Informati | | | | emove | | | |
| | ne, Mailing Address | & Phone | | b. Job Title/Profession | | d. Comme | nts | |
| | city, state, & zip) _AWSON | | | LAW ENFORCE | MENI | | | |
| | RBOUR VILLAG | E DRIVE C-16 | | c. Employer's Name/S | inecific Field | _ | | |
| РО ВОХ | | E DIVITE C TO | | C Employer 5 : winers | permeria | - | | |
| HAMPS' | TEAD, NC 28443 | | | | | e. Election | Sum to Date | |
| 910-622- | 0148 | | | | | \$ | 1,272.28 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-l | Kind Description | j. Date (mm/dd/y | yyy) | k. Amount | |
| | 1215 | Debit Card | FOO | DD CPGN MEET | 03/12/2 | 2014 | \$ | 125.55 |
| | | | | | ı | | \$ | |
| | | | | | | | \$ | |
| 4. Tota | l only this Pag | ge | | | | \$ | | 1,272.28 |
| 5. Tota | l of ALL CRO |)-1210 Pages | | | | \$ | | 1,272.28 |
| (This lin | e must be on line 6 of | Detailed Summary Page (| RO-1100 | 9) | | Ψ | | / 2.20 |

CRO-1210

NC State Board of Elections

April 2007

Amendment

| Use this | form | to | report | cont | ribu | tio | 18 | from | a | p | olitical | party |
|--|------|-----------|--------|------|------|-----|----|------|---|---|----------|--|
| THE RESERVE THE PARTY OF THE PA | | FOR STATE | | | - | | _ | | | - | | The second secon |

| 1. Committee Full | | 2. ID Number | | | |
|---------------------------------|--|---------------------------|------------------------|-------------------------|--|
| COMMITTEE TO | | 9HLQH3 | | | |
| 3. Contributor Inf | formation | ⊠ Add □ Rei | nove | | |
| a. Full Name, Mailing | Address & Phone | | | b. Comments | |
| (include city, state, & | | | | | |
| | TY DEMOCRATIC P | ARTY | | | |
| 14171 NC HWY. MAPLE HILL, NO | | | | c. Election Sum to Date | |
| MAPLE HILL, NO | | | | | |
| | | | | \$ 350.00 | |
| d. Account Code | e. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount | | |
| 1215 | CHECK | | 3/3/201 | 4 \$ 350.00 | |
| | | the state of the state of | | \$ | |
| | | | | \$ | |
| 3. Contributor In | formation | ☐ Add ☐ Re | move | | |
| a. Full Name, Mailing | | Lund Lund | | b. Comments | |
| (include city, state, | | | | | |
| | | | | | |
| | | | | c. Election Sum to Date | |
| | | | | | |
| | | | - Data | \$ | |
| d. Account Code | d. Account Code e. Form of Payment f. In-Kind Description g. Date (mm/dd/yyy | | | | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor In | formation | ☐ Add ☐ Re | move | | |
| a. Full Name, Mailing | | | | b. Comments | |
| (include city, state, | & zip) | | | | |
| | | | | | |
| | | | - | c. Election Sum to Date | |
| | | | | | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy | h, Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only tl | his Page | | - | \$ 350.00 | |
| 5. Total of AL | L CRO-1220 Pag | | | \$ 350.00 | |
| (This line must be o | n line 7 of Detailed Summ | nary Page CRO-1100) | | | |

| 4 | mer | 1 | | . 4 |
|------|-----|---|------|-----|
| - 24 | mer | ш | Hell | ш |

Yes

No

| Disbursements | Pg | 1 | of <u>3</u> |
|--|----|----------|----------------------|
| Lieuthia Come to account annuality of Counties and the committee Communities | | a a mtui | butions to condidate |

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

| 1. Committee F | ull Name (and Fun- | d if applicable) | | | 2. ID Number |
|----------------------------------|----------------------|--|------------------------------------|---------------|------------------------------|
| | TO ELECT SCOTT | | | | 9HLQH3 |
| 3. Type of Disbu | irsement (Plea | se use separate C | RO-1310 forms for each ty | | |
| Operating E | xpenses | Contributions to Car | ndidates/Political Committees | Coo | ordinated Party Expenditures |
| 4. Payee Inform | ation | | Add | Remove | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committee Na | ıme | d. Comments |
| (include city, state, | & zip) | | | | |
| TD BANK | | | | | |
| 15280 US HWY | | | c. Level Registered (Specify) | | |
| HAMPSTEAD, | NC 28443 | | Federal | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | | | \$ 25.67 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1215 | FLECTRONIC | D | 02/14/2014 | 925.77 | CHECKS PRINTED |
| 1215 | ELECTRONIC | В | 03/14/2014 | \$25.67 | |
| | | | | \$ | |
| 1 Payor Inform | ation | | Add | Pamaya | |
| 4. Payee Inform | | Ц_ | Add b. Coordinated Committee Na | Remove | d. Comments |
| | ng Address & Phone | | b. Coordinated Committee Na | ine | u. Comments |
| (include city, state, LOWES FOOD | | | | | |
| STORE# 242 | 3 | | c. Level Registered (Specify) | | |
| HAMPSTEAD, | NC 28443 | | Federal | County: | |
| 910-270-6300 | NC 20443 | | State | Municipality: | e. Election Sum to Date |
| 210-270-0300 | | | State L | wumerpancy. | |
| | | | | | \$ 125.55 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1215 | DEBIT | C | 03/12/2014 | \$125.55 | FOOD FOR CAMPGN |
| | | | | | MEETING |
| | | | | \$ | |
| 4. Payee Inform | ation | | Add | Remove | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committee Na | ame | d. Comments |
| (include city, state, | & zip) | | | | |
| IPAGE-INC.CC | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | Federal | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | | | \$ 58.78 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k, Required Remarks |
| | | | | | WEBSITE |
| 1215 | DEBIT | A. | 03/16/2014 | \$58.78 | |
| | | | | \$ | |
| 5. Total only th | is Page | | 7.4 | 1 | \$ 210.00 |
| | CRO-1310 Pages | (11) | | | Ψ 210.00 |
| | | mary Page CRO-110 | () if Operating Expenses) | | 0 1 207 05 |
| | | | 0 if Contrib to Candidates/Politic | eal Comm) | \$ 1,297.95 |
| | | |) if Coordinated Party Expenditu | | |
| | es (List detailed ex | | | | |
| A* - Media | B* - Printing | C* - Fund | | D - To Anothe | er Candidate |
| E - Salaries | F* - Equipment | G - Politic | cal Party | | Public Office Expenses |
| I - Postage | J - Penalties | K* - Offic | ce Expenses | Q* - Donation | n to Legal Expense Fund |
| O* - Other | a detailed anniant | ion in woonland | marks field (1-) | | |
| | e detailed explanat | The second secon | State Board of Elections | · DEC | CEIVED APR 28 2014 mber 2009 |
| CRO-1310 | | INC : | State Board of Elections | REU | LITLU MIN NO LECTION 2009 |

| Disburseme | onts | | | | | Amendment |
|-----------------------|----------------------|--|-------------------------------|---------|------------------------------------|----------------------------|
| | | from the committee | Proper for; operating expense | | $\underline{2}$ of $\underline{3}$ | ☐ Yes ☑ No |
| | coordinated party ex | | te for, operating expens | 505, 00 | onti ibutions to can | didate/pontical |
| | ull Name (and Fund | the same of the sa | | | | 2. ID Number |
| | TO ELECT SCOTT | | | | | 9HLQH3 |
| 3. Type of Disbu | | | RO-1310 forms for eac | ch tvn | e of Disbursemen | |
| Operating Ex | | | didates/Political Committees | | | inated Party Expenditures |
| 4. Payee Inform | ation | | Add | | Remove | |
| a. Full Name, Mailin | ng Address & Phone | | b. Coordinated Committe | ee Nam | ie d | . Comments |
| (include city, state, | & zip) | | | | | |
| PORTRAIT IN | NOVATIONS | | | | | |
| 865 INSPIRATI | ON DRIVE | | c. Level Registered (Speci | ify) | | |
| WILMINGTON | , NC 28405 | | Federal | | County: | |
| 910-256-8197 | | | State | | Municipality: e | . Election Sum to Date |
| | | | | | 8 | 5 77.03 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | | j. Amount k | . Required Remarks |
| 1215 | DEBIT | В | 02/25/2014 | | \$77.03 | PHOTOS |
| | | | | | \$ | 4 - |
| 4. Payee Inform | ation | | Add | | Remove | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committe | ee Nan | ie d | I. Comments |
| (include city, state, | & zip) | | | | | |
| STAPLES | | | | | | |
| 322 S COLLEG | | | c. Level Registered (Speci | ify) | | |
| WILMINGTON | i, NC 28403 | | Federal | | County: | |
| 910-343-0636 | | | State | | Municipality: e | . Election Sum to Date |
| | | | | | 9 | 5 150.44 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | | j. Amount l | . Required Remarks |
| 1215 | DEBIT | K | 03/11/2014 | | \$27.05 | MARKERS |
| 1215 | DEBIT | К | 03/11/2014 | | \$123.39 | PAPER, FOAMCORE BATTERY |
| 4. Payee Inform | ation | | Add | | Remove | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committe | ee Nan | ie d | I. Comments |
| (include city, state, | | | | | | |
| VERIZON WIR | .ELESS | | | | | |
| 4512 OLEAND | ER DRIVE | | c. Level Registered (Speci | rify) | | |
| WILMINGTON | I, NC 28403 | | Federal | | County: | |
| 910-793-6908 | | | State | | Municipality: e | . Election Sum to Date |
| | | | | | 9 | 5 160.48 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | | j. Amount | . Required Remarks |
| 1215 | DEBIT | F | 02/19/2014 | | \$160.48 | CELLPHONE |
| | | | | | \$ | |
| 5. Total only thi | is Page | | | | 9 | 387.95 |
| | CRO-1310 Pages | THE TANK HE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE | | | | |

(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)

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
O*- Other

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

| TA | | 1 | | | |
|----|----|-----|------|------|--|
| I) | IS | hii | rsem | ents | |

Pg 3 Yes

 \boxtimes

of $\underline{3}$ Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| 1. Committee F | ull Name (and Fun | d if applicable) | | | 2. ID Number |
|-----------------------|--|--|---|-------------------|-----------------------------|
| COMMITTEE | TO ELECT SCOTT | LAWSON | | | 9HLQH3 |
| 3. Type of Disb | ursement (Plea | se use separate C | RO-1310 forms for each t | ype of Disburseme | ent.) |
| Operating E | - Among a contract of the cont | TO PARTY OF THE PA | ndidates/Political Committees | | rdinated Party Expenditures |
| 4. Payee Inform | nation | | Add | Remove | |
| a. Full Name, Maili | ing Address & Phone | Statement | b. Coordinated Committee Na | | d. Comments |
| (include city, state, | | | | | |
| | NTY BOARD ELEC | CTIONS | | | |
| 807 S WALKE | | | c. Level Registered (Specify) | | |
| BURGAW, NC | | | Federal | County: | |
| 910-259-1220 | | | State | Municipality: | e. Election Sum to Date |
| | | | | | |
| | | | | | \$ 700.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k, Required Remarks |
| | MONEY | | | | FILING FEES |
| 1215 | ORDER | O | 02/26/2014 | \$700.00 | TEIT OF LEGS |
| | | | | 7777 | |
| | | | | \$ | |
| 4. Payee Inform | ation | П | Add | Remove | |
| | ng Address & Phone | | b. Coordinated Committee Na | | d. Comments |
| (include city, state, | | | or coordinated committee is | | |
| (include city, state, | & zip) | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | Federal | County: | |
| | | | State | Municipality: | e. Election Sum to Date |
| | | | State | Municipanty. | 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 |
| | | | | S | |
| | | | | 2 | |
| | | | | \$ | |
| | | | | 3 | |
| 4. Payee Inform | nation | | Add | Remove | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committee Na | ıme | d. Comments |
| (include city, state, | & zip) | | | | |
| | | | | | |
| | | | 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 |
| 1. Account Code | g. Form of Fayment | m i m pose code | i. Date (iiiii/dd/yyyy) | J. Almount | R. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 5 T-4 1 1 1 | . D | | |] _ | e 700.00 |
| 5. Total only th | Manager Manage | | | | \$ 700.00 |
| | CRO-1310 Pages | D CDO 110 | 0.00 | | |
| | | | 0 if Operating Expenses) | al Commi | \$ 1,297.95 |
| | | . 0 | 0 if Contrib to Candidates/Politic | | |
| | | | (h.) abovo) | 163) | |
| A* - Media | es (List detailed ex B* - Printing | C* - Fund | San | D - To Another | r Candidate |
| E - Salaries | F* - Equipment | | | | Public Office Expenses |
| I - Postage | J - Penalties | | ce Expenses | | to Legal Expense Fund |
| O* - Other | en en elitabatat p | | * New York Street Stre | - 10 Same 2 TT | • |
| * Codes requir | e detailed explanat | ion in required re | emarks field (k) | | |

| | Amen | dment | | | |
|---|------|-------|-------------|----|--|
| 1 | | Yes | \boxtimes | No | |

| | | | | | | | |
|---------------|----|---|----|---|------|-------------|----|
| Loan Proceeds | Pg | 1 | of | 1 | Yes | \boxtimes | No |

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

| Committee Full Name (and Fund if applicable) | | | | 2. ID Number | | | | | |
|---|---|-------------------------|-----------------------------------|-------------------------|----------------|-----------------------------------|---|--|--|
| Committee to Elect Scott Lawson | | | | | | 9HLQH3 | | | |
| 3. Lender Informatio | n | ⊠ A | Add | | | | Remove | | |
| a. Full Name, Mailing Add | ress & Phone | 1 | b. Job Title/Profession | | | | d. Comments | | |
| (include city, state, & zij | 0) | | | | | | | | |
| | 504 504 505 107 107 VERSO (34 O 1) 2000-201 7 V | | LAW ENF | AW ENFORCEMENT | | | Stort Date (mm/dd/mm) | | |
| 176 HARBOUR VILLAGE DRIVE C-16 PO BOX 911 | | | e. Employer's Name/Specific Field | | | | e. Start Date (mm/dd/yyyy) | | |
| | HAMPSTEAD, NC 28443 | | c. Employer's Name/Specific Ficto | | | | 3/17/2014 | | |
| | | | N/A | | | | f. End Date (mm/dd/yyyy) | | |
| | | | | | | | | | |
| | 1.00 10 10 1 | | | | | nesse street | L. Assessed | | |
| g. Rate | h. Security Pledged | 1. A | Account Code | | j. Form of Pay | vment | k. Amount | | |
| 9/0 | | 12 | 215 | | CHECK | | \$ 3,000.00 | | |
| I. Full Name of Lending In | stitution | | m. I | | | m. L | Loan Number | | |
| | | | | | | | | | |
| 4. Endorsers/Makers | (The people who guaran | itee the lo | oan.) | | | | | | |
| | | | | b. Job Title/Profession | | | c. Employer's Name/Specific Field | | |
| (include city, state, & zij |)) | | | | | | | | |
| | | | v | | | | | | |
| | | | | | | | | | |
| | | | d. Percentage | | e. An | nount | | | |
| | | | % | | % \$ | \$ | | | |
| a Full Name Mailing Address & Dhone | | b. Job Title/Profession | | | c En | c. Employer's Name/Specific Field | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | 0. 305 Title | 71 TOTE | .551011 | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| • | | | | | | | | | |
| | | | | | | | | | |
| | | | d. Percentage | | e. An | e. Amount | | | |
| | | | | | | | | | |
| | | | | | | % \$ | | | |
| a. Full Name, Mailing Add | ress & Phone | | b. Job Title/Profession | | c. En | c. Employer's Name/Specific Field | | | |
| (include city, state, & zi | 0) | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | d. Percenta | ge | | e. An | nount | | |
| | | | | | (| % \$ | | | |
| a. Full Name, Mailing Add | ress & Phone | | b. Job Title/Profession | | c. En | c. Employer's Name/Specific Field | | | |
| (include city, state, & zi | p) | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | d. Percentage | | e, Ar | nount | | | |
| | | | | | | % \$ | | | |
| 5. Total of ALL C | RO-1410 Pages | 1 | | | | | \$ 3,000.00 | | |
| (This line must be on line | e 9 of Detailed Summary Page CRO | 0-1100) | | | | | A CONTRACT OF THE CONTRACT OF | | |