

# Disclosure Report Cover

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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

|   |                                 |
|---|---------------------------------|
| <b>1. Committee Information</b>   |                                 |
| a. Full Name<br>COMMITTEE TO ELECT WRIGHT   | c. ID Number<br>4HCWTE          |
| b. Mailing Address (include City, State and Zip Code)<br>PO Box 369<br>Jacksonville, NC 28540 | d. Date Filed<br>7/12/2016      |
|   | e. Phone Number<br>910-455-9646 |

|                               |  |   |   |
|-------------------------------|--|---|---|
| <b>2. Report Year</b><br>2016 | <b>3. Period Start Date (mm/dd/yy)</b><br>3/1/2016 | <b>4. Period End Date (mm/dd/yy)</b><br>6/30/2016 | <b>5. Treasurer Full Name</b><br>Jennifer Aman-Heim |
|-------------------------------|--|---|---|

|  |   |  |  |   |
|--|---|--|--|---|
| <b>6. Type of Committee (Check One)</b>                |   | <b>9. Type of Report (check only one type of report from one category)</b> |  |   |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party            | <input type="checkbox"/> Municipal   | <input checked="" type="checkbox"/> State/County   | <input type="checkbox"/> Referendum         |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Organizational                                    | <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Independent Expenditure       | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day                                   | Quarterly  | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Legal Expense Fund            |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First                     | <input type="checkbox"/> Final              |
| <b>7. Type of Fund (if applicable, check one)</b>      |   | <input type="checkbox"/> Pre-election                                      | <input checked="" type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund"                |   | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third                     | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Building Fund                 |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth                    | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Other:                        |   | <input type="checkbox"/> Mid Year  | Semi-annual  |   |
|  |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year                  | <b>10. Special Report Name</b>              |
|  |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End                  |   |
| <b>8. Number of Fundraisers this Report</b>            |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final                     |   |
| 0  |   |  | <input type="checkbox"/> Special                   |   |

|   |                                      |                                    |                               |
|---|--------------------------------------|------------------------------------|-------------------------------|
| <b>11. Account Information</b>                        |                                      | <b>11. Account Information</b>     |                               |
| a. Financial Institution Full Name<br>The Little Bank | b. Purpose<br>Campaign               | a. Financial Institution Full Name | b. Purpose                    |
| c. Account Code<br>EJW16                              | d. Period Begin Balance<br>\$ 387.05 | c. Account Code                    | d. Period Begin Balance<br>\$ |

**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.  
Jennifer Aman-Heim  
Printed Name of Signer  
Signature of Appointed Treasurer  
Date 7/12/2016

|                            |     |   |  |
|----------------------------|-----|---|--|
| <b>FOR OFFICE USE ONLY</b> |     | <b>Delivery Method</b>  |  |
| Date Received:             |     | <input type="checkbox"/> Normal Mail                                |  |
| Date Postmarked:           |     | <input type="checkbox"/> Registered Mail                            |  |
| Date Scanned:              | BY: | <input type="checkbox"/> Hand Delivered                             |  |
| Date Data Entered:         |     | <input type="checkbox"/> Electronically Filed                       |  |
| Employee:                  |     | <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                |     |  |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> 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                       |                                  |
|--|----------------------------|------------------------------------|----------------------------------|
| COMMITTEE TO ELECT WRIGHT  | 2016 Second Quarter Report | 4HCWTE                             |                                  |
| <b>Start of Election Cycle:</b> <b>January 1,</b>  | <b>2016</b>                | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| <b>4) Cash on Hand at Start</b>  |                            | \$ 387.05                          | \$ 0                             |
| <b>RECEIPTS</b>  |                            |                                    |                                  |
| <b>5) Aggregated Contributions from Individuals</b>  | <i>(CRO-1205)</i>          | \$ 175.00                          | \$ 175.00                        |
| <b>6) Contributions from Individuals</b>   | <i>(CRO-1210)</i>          | \$ 375.00                          | \$ 916.57                        |
| <b>7) Contributions from Political Party Committees</b>                                    | <i>(CRO-1220)</i>          | \$ 0                               | \$ 0                             |
| <b>8) Contributions from Other Political Committees</b>                                    | <i>(CRO-1230)</i>          | \$ 0                               | \$ 0                             |
| <b>9) Loan Proceeds</b>  | <i>(CRO-1410)</i>          | \$ 0                               | \$ 0                             |
| <b>10) Refunds/Reimbursements To the Committee</b>   | <i>(CRO-1240)</i>          | \$ 0                               | \$ 0                             |
| <b>11) Other Receipt Sources</b>   |                            |                                    |                                  |
| <b>11a) Interest on Bank Accounts</b>  | <i>(CRO-1250)</i>          | \$ 0                               | \$ 0                             |
| <b>11b) Contributions from Not-for-Profit Organizations</b>                                | <i>(CRO-1250)</i>          | \$ 0                               | \$ 0                             |
| <b>11c) Outside Sources of Income</b>  | <i>(CRO-1250)</i>          | \$ 0                               | \$ 0                             |
| <b>11d) Legal Expense Fund – Other Sources</b>   | <i>(CRO-1270)</i>          | \$ 0                               | \$ 0                             |
| <b>11 e) Exempt Purchase Price Sales</b>   | <i>(CRO-1265)</i>          | \$ 0                               | \$ 0                             |
| <b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> |                            | \$ 550.00                          | \$ 1091.57                       |
| <b>EXPENDITURES</b>  |                            |                                    |                                  |
| <b>13) Disbursements</b>   |                            |                                    |                                  |
| <b>13a) Operating Expenditures</b>   | <i>(CRO-1310)</i>          | \$ 807.33                          | \$ 845.85                        |
| <b>13b) Contributions to Candidates/Political Committees</b>                               | <i>(CRO-1310)</i>          | \$ 0                               | \$ 0                             |
| <b>13c) Coordinated Party Expenditures</b>   | <i>(CRO-1310)</i>          | \$ 0                               | \$ 0                             |
| <b>14) Aggregated Non-Media Expenditures</b>   | <i>(CRO-1315)</i>          | \$ 0                               | \$ 0                             |
| <b>15) Loan Repayments</b>   | <i>(CRO-1420)</i>          | \$ 0                               | \$ 0                             |
| <b>16) Refunds/Reimbursements From the Committee</b>                                       | <i>(CRO-1320)</i>          | \$ 0                               | \$ 0                             |
| <b>17) In-Kind Contributions</b>   | <i>(CRO-1510)</i>          | \$ 0                               | \$ 116.00                        |
| <b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>          |                            | \$ 807.33                          | \$ 961.85                        |
| <b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i> |                            | \$ 129.72                          | \$ 129.72                        |
| <b>ADDITIONAL INFORMATION</b>  |                            |                                    |                                  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b>                                    | <i>(CRO-1330)</i>          | \$ 0                               |                                  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b>                             | <i>(CRO-1430)</i>          | \$ 0                               |                                  |
| <b>22) Debts and Obligations owed By the Committee</b>                                     | <i>(CRO-1610)</i>          | \$ 0                               |                                  |
| <b>23) Debts and Obligations owed To the Committee</b>                                     | <i>(CRO-1620)</i>          | \$ 0                               |                                  |
| <b>24) Account Transfers Within the Committee</b>  | <i>(CRO-1720)</i>          | \$ 0                               |                                  |
| <b>25) Administrative Support</b>  | <i>(CRO-1710)</i>          | \$ 0                               | \$ 0                             |
| <b>26) Forgiven Loans</b>  | <i>(CRO-1440)</i>          | \$ 0                               | \$ 0                             |
| <b>27) 48-Hour Notice Reports Sum</b>  | <i>(CRO-2200)</i>          | \$ 0                               | \$ 0                             |
| <b>28) Contributions to be Refunded</b>  | <i>(CRO-1215)</i>          | \$ 0                               | \$ 0                             |



# Contributions from Individuals

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT WRIGHT  |                        |                           |  |                             | 4HCWTE                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| W.E. Sweeney, Jr.<br>116 Summersill School Rd.<br>Jacksonville, NC 28540                       |                        |                           | Retired<br>Administrative Support        |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Onslow Memorial Hospital                 |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$                             |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | EJW 2016               | Check                     |  | 04/06/2016                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Nelda Howell<br>125 Howell Rd.<br>Hubert, NC 28539<br>910-326-6734                             |                        |                           | Retired<br>District Director             |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Clemson University Extension             |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$                             |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | EJW 2016               | Check                     |  | 02/27/2016                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Constance Kitchen<br>6 E. Bayshore Blvd.<br>Jacksonville, NC 28540                             |                        |                           | Retired/Nurse                            |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Dr. Kitchen's Office                     |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$                             |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | EJW 2016               | Check                     |  | 05/06/2016                  | \$ 75.00                       |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 275.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>  |                        |                           |  |                             | \$ 375.00                      |  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                         |                        |                           |  |                             |                                |  |

# Contributions from Individuals

Amendment  
 Yes  No

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

|   |                        |                           |   |                             |                                |        |
|---|------------------------|---------------------------|---|-----------------------------|--------------------------------|--------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |   |                             | <b>2. ID Number</b>            |        |
| COMMITTEE TO ELECT WRIGHT   |                        |                           |   |                             | 4HCWTE                         |        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |        |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>  |                             | <b>d. Comments</b>             |        |
| Pamela Thomas<br>2015 Colony Plaza<br>Jacksonville, NC 28546  |                        |                           | NCTeach Mentor  |                             |                                |        |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>UNC-W School of Education |                             |                                |        |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |        |
|   |                        |                           |   |                             | \$                             |        |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>   | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |        |
| <input type="checkbox"/>  | EJW 2016               | Check                     |   | 06/16/2016                  | \$                             | 100.00 |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |        |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>  |                             | <b>d. Comments</b>             |        |
|   |                        |                           |   |                             |                                |        |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b>                              |                             |                                |        |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |        |
|   |                        |                           |   |                             | \$                             |        |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>   | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |        |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>  |                             | <b>d. Comments</b>             |        |
|   |                        |                           |   |                             |                                |        |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b>                              |                             |                                |        |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |        |
|   |                        |                           |   |                             | \$                             |        |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>   | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |        |
| <b>4. Total only this Page</b>  |                        |                           |   |                             | \$                             | 100.00 |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |   |                             | \$                             | 375.00 |

# 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)<br>COMMITTEE TO ELECT WRIGHT   |                    |   |                                     |   | 2. ID Number<br>4HCWTE                     |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  |                    |   |                                     |   |  |
| <input checked="" 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<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                                     | d. Comments                                       |  |
| Staples<br>copy & print<br>1144 Western Blvd.<br>Jacksonville, NC 28546<br>910-346-4237  |                    |   |                                     | Cmte mtg<br>postcards<br>Calendar<br>Post it pads |  |
|  |                    | c. Level Registered (Specify)   |                                     | e. Election Sum to Date                           |  |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | \$ 82.30  |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks                        |
| EJW 2016   | Debit card         | O   | 03/21/2016                          | \$57.70   |  |
| EJW 2016   | Debit card         | K   | 03/22/2016                          | \$24.60   |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                                     |   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                                     | d. Comments                                       |  |
| The Little Bank<br>1101 Vernon Ave.<br>Kinston, NC 28501   |                    |   |                                     | Bank fees   |  |
|  |                    | c. Level Registered (Specify)   |                                     | e. Election Sum to Date                           |  |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | \$ 33.24  |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks                        |
| EJW 2016   | Debit              | O   | 06/28/2016                          | \$16.25   |  |
| EJW 2016   | Debit              | O   | 02/02/2016                          | \$16.99   |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                                     |   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                                     | d. Comments                                       |  |
| Express Printing<br>117 N. Marine Blvd.<br>Jacksonville, NC 28540<br>910-455-4554  |                    |   |                                     | Bus Cards<br>Post Cards                           |  |
|  |                    | c. Level Registered (Specify)   |                                     | e. Election Sum to Date                           |  |
|  |                    | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | \$  |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks                        |
| EJW 2016   | Check              | B   | 03/22/2016                          | \$327.53  | Bus Cards and<br>postcards for<br>campaign |
|  |                    |   |                                     | \$  |  |
| 5. Total only this Page  |                    |   |                                     |   | \$ 443.07                                  |
| 6. Total of ALL CRO-1310 Pages   |                    |   |                                     |   | \$ 807.33                                  |
| (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  | Q* - Donation to Legal Expense Fund |   |  |
| O* - Other   |                    |   |                                     |   |  |
| * Codes require detailed explanation in required remarks field (k)   |                    |   |                                     |   |  |

# Disbursements

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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)<br>COMMITTEE TO ELECT WRIGHT   |                    |                      |   |           | 2. ID Number<br>4HCWTE  |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  |                    |                      |   |           |                         |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                    |                      |   |           |                         |  |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                      |   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>The Trophy Case<br>229 Western Blvd.<br>Jacksonville, NC 28546<br>910-353-5566  |                    |                      | b. Coordinated Committee Name   |           | d. Comments             |  |
|  |                    |                      | c. Level Registered (Specify)   |           | e. Election Sum to Date |  |
|  |                    |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |           | \$ 57.78                |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code      | i. Date (mm/dd/yyyy)  | j. Amount | k. Required Remarks     |  |
| EJW 2016   | Check              | O                    | 06/10/2016  | \$19.26   | Cmte Badges             |  |
|  |                    |                      |   | \$        |                         |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                      |   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Annette Shepard<br>609 Richlands Hwy #9<br>Jacksonville, NC 28540910-347-<br>910-347-5267   |                    |                      | b. Coordinated Committee Name   |           | d. Comments             |  |
|  |                    |                      | c. Level Registered (Specify)   |           | e. Election Sum to Date |  |
|  |                    |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |           | \$                      |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code      | i. Date (mm/dd/yyyy)  | j. Amount | k. Required Remarks     |  |
| EJW 2016   | Check              | O                    | 06/23/2016  | \$345.00  | T-shirts & hats         |  |
|  |                    |                      |   | \$        |                         |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                      |   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                      | b. Coordinated Committee Name   |           | d. Comments             |  |
|  |                    |                      | c. Level Registered (Specify)   |           | e. Election Sum to Date |  |
|  |                    |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |           | \$                      |  |
| 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  |                    |                      |   |           | \$ 364.26               |  |
| 6. Total of ALL CRO-1310 Pages<br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |                      |   |           | \$ 807.33               |  |
| 7. Purpose Codes (List detailed expenditure code in (k) 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)   |                    |                      |   |           |                         |  |