

Disclosure Report Cover

Amendment
<input checked="" type="checkbox"/> Yes <input 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.

1. Committee Information	
a. Full Name <i>JOSEPH PAUL BUCHANAN FOR COUNTY COMMISSIONER</i>	c. ID Number <i>DZYKCV</i>
b. Mailing Address (include City, State and Zip Code) <i>402 GREY LAG LANE SWANSBORO, NC 28584</i>	d. Date Filed <i>01/11/2017</i>
	e. Phone Number <i>910-330-8407</i>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<i>2016</i>	<i>10/24/16</i>	<i>12/31/16</i>	<i>JOSEPH PAUL BUCHANAN</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"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund		<i>DISCLOSURE</i>		
<input type="checkbox"/> Building Fund				
<input checked="" type="checkbox"/> Other: <i>CAMPAIGN FUNDS</i>				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
<i>CAMPAIGN FUNDS</i>	<i>1</i>		
	d. Period Begin Balance		d. Period Begin Balance
	<i>\$ 2097.53</i>		<i>\$</i>

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.

JOSEPH PAUL BUCHANAN *Joseph Paul Buchanan* *01/11/17*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		
Date Received:	RECEIVED JAN 11 2017	Delivery Method
Date Postmarked:	BY: <i>JL</i>	<input type="checkbox"/> Normal Mail
Date Scanned:	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered:	Employee: _____	<input type="checkbox"/> Hand Delivered
	Employee: _____	<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 checked="" type="checkbox"/> Yes	<input 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	
PAUL BUCHANAN FOR COUNTY COMMISSIONER		2016 FOURTH QUARTER REPORT		DZYKCV	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2097.53		\$ 234.80	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$ 1400.00	
6) Contributions from Individuals (CRO-1210)		\$ 500.00		\$ 6200.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 427.68	
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)		\$ 600.00		\$ 8027.68	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2158.40		\$ 7723.35	
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)		\$ 2158.40		\$ 7723.35	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 539.13		\$ 539.13	
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)		\$		\$	

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PAUL BUCHANAN FOR COUNTY COMMISSIONER					DZYKEV	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	CASH		10/27/2016	\$ 50. ⁰⁰	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	1	CASH		10/27/2016	\$ 50. ⁰⁰	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 100. ⁰⁰	
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$ 100. ⁰⁰	

Contributions from Individuals

Pg 1 of 1 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
PAUL BULHMAN FOR COUNTY COMMISSIONER						DZYKCV
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILLY SEWELL 521 NEW BRIDGE STREET JACKSONVILLE, NC 28540 910-548-3971			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			PLATINUM CORRAL		\$ 500. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		10/25/2016	\$ 500. ⁰⁰	
<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					\$ 500. ⁰⁰	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 500. ⁰⁰	

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
PAUL BUCHANAN FOR COUNTY COMMISSIONER						DZYKEV
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
TIDELAND NEWS 774 W. CORBETT AVE. SWANSBORO, NC 28584 910-326-5066						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 212.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	A	10/24/2016	\$ 212.40	NEWSPAPER ADS	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
HALIFAX MEDIA - ENC NEWSPAPERS JACKSONVILLE DAILY NEWS 724 BELL FORD ROAD JACKSONVILLE, NC 28546 910-353-1171						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 1440.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	A	10/26/2016	\$ 1440.00	NEWSPAPER ADS	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
WJCV 1290 AM PO BOX 1216 JACKSONVILLE, NC 28540 910-347-4141						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 497.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	A	10/31/2016	\$ 497.00	BROADCAST ORDER	
				\$		
5. Total only this Page						\$ 2149.40
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)						\$ 2158.40
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)						2. ID Number	
PAUL BUCHANAN FOR COUNTY COMMISSIONER						DZYKCV	
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 (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FIRST CITIZENS BANK CENTRAL BANK OPERATIONS PO BOX 27131 RALEIGH NC 27611 1-888-323-4732							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT	0	10/31/2016	\$ 3.00	ACCOUNT FEE		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FIRST CITIZENS BANK CENTRAL BANK OPERATIONS PO BOX 27131 RALEIGH, NC 27611 1-888-323-4732							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT	0	11/30/2016	\$ 3.00	ACCOUNT FEE		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FIRST CITIZENS BANK CENTRAL BANK OPERATIONS PO BOX 27131 RALEIGH, NC 27611 1-888-323-4732							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT	0	12/30/2016	\$ 3.00	ACCOUNT FEE		
				\$			
5. Total only this Page						\$ 9.00	
6. Total of ALL CRO-1310 Pages						\$ 2158.40	
(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)							