

Disclosure Report Cover

Amendment Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

| | |
|--|--|
| 1. Committee Information | |
| a. Full Name FOR A BETTER SWANSBORO | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 220 RIVER REACH DR. SWANSBORO, NC 28584 | d. Date Filed Feb 12, 2016 |
| | e. Phone Number 1-919-619-6752 |

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2015 | 3. Period Start Date (mm/dd/yy) 10/30/15 | 4. Period End Date (mm/dd/yy) 12/31/2015 | 5. Treasurer Full Name LAURENT PAUL MEILLEUR |
|-------------------------------|--|--|--|

| | | | | |
|---|---|--|--|--|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input checked="" type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input checked="" 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 |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input 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 | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |

| | | | |
|--|--|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name PNC BANK (JACKSONVILLE, NC) | | a. Financial Institution Full Name | |
| b. Purpose CHECKING | c. Account Code FABS | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 50.00 | | 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.

LAURENT MEILLEUR _____ Feb. 12, 2016
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED

FEB 19 2016

BY: _____

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

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|---|-------------------|------------------------------------|----------------------------------|
| FOR A BETTER SWANSBORO | 2015 YEAR END | N/A | |
| Start of Election Cycle: January 1, | 2015 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 50 | \$ 0 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | \$ 25 |
| 6) Contributions from Individuals (CRO-1210) | | \$ | \$ 75 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | \$ |
| 9) Loan Proceeds (CRO-1410) | | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | | \$ | \$ |
| 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) | | \$ 0 | \$ 100 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 2 | \$ 2 |
| 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) | | \$ 0 | \$ 50 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2 | \$ 2 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 48 | \$ 48 |
| 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-2200) | | \$ | \$ |
| 28) Contributions to be Refunded (CRO-1215) | | \$ | \$ |

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 |
| FOR A BETTER SWANSBORO | | | | | N/A |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <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 (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| PNC BANK 2885 WESTERN BLVD JACKSONVILLE, NC 28564 1-888-PNC-BANK | | | | | INK TONER AND PAPER - IN KIND SUPPLIED |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 2.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| FABS | CASH | K | 12/22/2015 | \$2.00 | BANK CHARGES |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| 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 | | | | | \$ 2.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 2.00 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|---|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| FOR A BETTER SWANSBORO | | N/A | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| LAURENT MEILLEUR 220 RIVER REACH DR SWANSBORO, NC 28584 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | \$ | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| TONER AND PAPER | | 10/31/2015 | \$ 25.00 |
| Paper for signs | | 11/1/2015 | \$ 25.00 |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | \$ | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | \$ | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 50.00 | |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 50.00 | |