

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 CAMPAIGN TO ELECT JOEL CHURCHWELL	c. ID Number OHCA88
b. Mailing Address (include City, State and Zip Code) Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764	d. Date Filed 07/09/2014
	e. Phone Number 910-455-8764

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	04/20/2014	06/30/2014	Vickie L. Atkinson

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
7. Type of Fund (if applicable, check one)		<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	<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	
8. Number of Fundraisers this Report		10. Special Report Name		
1				

11. Account Information		11. Account Information	
a. Financial Institution Full Name PNC	a. Financial Institution Full Name	b. Purpose Campaign Funds	c. Account Code 964
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,471.70 3,266.19		\$

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.
Vickie L. Atkinson
Printed Name of Signer
Vickie L. Atkinson
Signature of Appointed Treasurer
07/09/2014
Date

FOR OFFICE USE ONLY

Date Received: _____
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: _____
Employee: _____
Employee: _____
Employee: _____

BY: _____
Employee: _____

RECEIVED
JUL 10 2014

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	
ELECT JOEL CHURCHWELL	2 nd QUARTER	OHCA88	
Start of Election Cycle:	January 1, 2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,266.19	\$ 3,266.19
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 00.00	\$ 00.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,298.91	\$ 1,298.91
7) Contributions from Political Party Committees	(CRO-1220)	\$ 00.00	\$ 00.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 00.00	\$ 00.00
9) Loan Proceeds	(CRO-1410)	\$ 00.00	\$ 00.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 00.00	\$ 00.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 00.00	\$ 00.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 00.00	\$ 00.00
11c) Outside Sources of Income	(CRO-1250)	\$ 00.00	\$ 00.00
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 00.00	\$ 00.00
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 00.00	\$ 00.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,298.91	\$ 1,298.91
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,398.50	\$ 3,398.50
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 00.00	\$ 00.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 00.00	\$ 00.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 00.00	\$ 00.00
15) Loan Repayments	(CRO-1420)	\$ 00.00	\$ 00.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 175.47	\$ 175.47
17) In-Kind Contributions	(CRO-1510)	\$ 673.44	\$ 673.44
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,247.41	\$ 4,247.41
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 317.69	\$ 317.69
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 00.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 00.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 00.00	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 00.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 00.00	
25) Administrative Support	(CRO-1710)	\$ 00.00	\$ 00.00
26) Forgiven Loans	(CRO-1440)	\$ 00.00	\$ 00.00
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 00.00	\$ 00.00
28) Contributions to be Refunded	(CRO-1215)	\$ 00.00	\$ 00.00

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT JOEL CHURCHWELL					OHCA88	
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	
Randy L. Green 707 Shadowridge Road Jacksonville, NC 28546			Retire Marine			
			c. Employer's Name/Specific Field			
			N/A			
					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"/>	964	CK#5368		04/20/2014	\$ 200.00	
<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	
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764			Audit Support Branch Head			
			c. Employer's Name/Specific Field			
			U S Government			
					e. Election Sum to Date	
					\$ 254.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	964	DRFT#57166		04/30/2014	\$ 175.47	
<input checked="" type="checkbox"/>	964	CK#1546		02/13/2014	\$ 50.00	
<input checked="" type="checkbox"/>	964	DEBIT	29.18	02-04/2014	\$ 29.18	
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	
Billy Sewell 521 New Bridge Street Jacksonville, NC 28540 Best Effort			Entrepreneur			
			c. Employer's Name/Specific Field			
			N/A			
					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"/>	964	CK#3875		05/06/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages					\$ 625.47	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
COMMITTEE TO ELECT JOEL CHURCHWELL					OHCA88	
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	
Bobby Wells 117 Coles Farm Drive Jacksonville, NC 28546 910-238-4363			Retire Marine			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$ 277.44	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	964	DEBIT		05/08/2014	\$ 132.99	
<input type="checkbox"/>	964	DEBIT		05/08/2014	\$ 37.45	
<input type="checkbox"/>	964	DEBIT		05/10/2014	\$ 107.00	
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	
Bobby Wells 117 Coles Farm Drive Jacksonville, NC 28546 910-238-4363			Retire Marine			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$ 725.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	964	CK#4049		05/08/2014	\$ 396.00	
<input checked="" type="checkbox"/>	964	DEBIT	Name Tags	01/17/2014	\$ 38.79	
<input checked="" type="checkbox"/>	964	DEBIT	Room Rental	02/28/2014	\$ 13.42	
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"/>		CK#3875			\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages					\$ 673.44	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

In-Kind Contributions

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

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	
CAMPAIGN TO ELECT JOEL CHURCHWELL		OHCA88	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Bobby Wells 117 Coles Farm Drive Jacksonville, NC 28546		<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
Tables, chairs, tents, games and ice chest for Victory Celebration (Rental Fees)		05/08/2014	\$ 396.00
Victory Banner		05/08/2014	\$ 37.45
Victory Refreshments		05/10/2014	\$ 239.99
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 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
			\$
			\$
			\$
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		\$ 673.44	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 673.44	

Refunds/Reimbursements From the Committee

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT JOEL CHURCHWELL			OHCA88	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/30/2014
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 175.47
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Audit Branch Head	U S Government			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
CK#539	Funds not needed for Final newspaper Ad	04/30/2014	\$ 175.47	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 175.47
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 175.47
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit				
P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input 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) COMMITTEE TO ELECT JOEL CHURCHWELL					2. ID Number OHCA88
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 <i>(include city, state, & zip)</i> Staples Western Blvd Jacksonville, NC 28540 Best Effort		b. Coordinated Committee Name		d. Comments	
		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	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 537		04/22/2014	\$1,815.50	Brochures/Envel
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Daily News Bell Fork Rd Jacksonville, NC 28540 Best Effort		b. Coordinated Committee Name		d. Comments	
		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	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK#538		04/30/2014	\$943.00	Final Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Smithfields Gum Branch Road Jacksonville, NC 28540 Best Effort		b. Coordinated Committee Name		d. Comments	
		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	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 540		05/10/2014	\$640.00	Refreshments
				\$	
5. Total only this Page					\$ 3,398.50
6. Total of ALL CRO-1310 Pages <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>					\$ 3,398.50
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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)					