

RECEIVED

SEP 29 2015

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.

<b>1. Committee Information</b>	
a. Full Name <b>COMMITTEE TO ELECT MIKKI WEAVER</b>	c. ID Number <b>2JMTVF</b>
b. Mailing Address (include City, State and Zip Code) <b>6013 GREYSTONE DR. WEDDINGTON, NC 28104</b>	d. Date Filed <b>7/6/15</b>
	e. Phone Number <b>919 795 9136</b>

<b>2. Report Year</b> <b>2015</b>	<b>3. Period Start Date (mm/dd/yy)</b> <b>7/6/2015</b>	<b>4. Period End Date (mm/dd/yy)</b> <b>9/22/15</b>	<b>5. Treasurer Full Name</b> <b>MIKKI WEAVER</b>
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<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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 checked="" 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
<b>7. Type of Fund (if applicable, check one)</b>		<input checked="" type="checkbox"/> <del>Pre-election</del> <b>mw</b>	<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	<b>10. Special Report Name</b>
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b> <b>0</b>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>COMMUNITY ONE BANK</b>		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose <b>CAMPAIGN ACCT.</b>	c. Account Code
	d. Period Begin Balance <b>\$ 0</b>		d. Period Begin Balance <b>\$ 0</b>

**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.

MIKKI A. WEAVER      Mikki Anne Weaver      9/28/15  
Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: 9/29/15      Employee: K. Clummin      Delivery Method

Date Postmarked: N/A      Employee: \_\_\_\_\_       Normal Mail

Date Scanned: 10/1/15      Employee: K. Clummin       Registered Mail

Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_       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	
COMMITTEE TO ELECT MIKKI WEAVER		35 DAY		2JM TVF	
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$ 100.00	
6) Contributions from Individuals (CRO-1210)		\$ 2200. <sup>00</sup>		\$ 2200. <sup>00</sup>	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1240)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts Union Co. Board of Elections (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)		\$ 2300.00		\$ 2300.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1493.34		\$ 1493.34	
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)		\$ 1493.34		\$ 1493.34	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 806.66		\$ 806.66	
<b>ADDITIONAL INFORMATION</b>					
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

Page 1 of 1 Amendment  Yes  No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT MIKKI WEAVER					2JMTVF
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CHECK		9/1/2015	\$ 50. <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CHECK		9/3/2015	\$ 50. <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove		RECEIVED			\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove		SEP 29 2015			\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Union Co. Board of Elections			\$
<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					\$
<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					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 100. <sup>00</sup>
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$ 100. <sup>00</sup>

# Contributions from Individuals

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 MIKKI WEAVER					2JMTVF	
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
MIKKI A. WEAVER 6013 GREYSTONE DR. WEDDINGTON, NC 28104				SALES		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RODAN AND FIELDS SKIN CARE CONSULTANT		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	7/13/15	CASH DEP TO OPEN ACCT FOR	CAMPAIGN		\$ 100.00	
<input type="checkbox"/>	01				\$	
<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
MARY ANN DESIMONE 1309 WILLOW OAKS TRL. WEDDINGTON, NC 28104				RETIRED		
				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"/>	01	CHECK		8/10/15	\$ 75.00	
<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
JOSEPH DESIMONE 1309 WILLOW OAKS TRL. WEDDINGTON, NC 28104				EMPLOYEE W		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				COURION ST. LOUIS MO. 63115		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	CHECK		8/10/15	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,200.00	

# Contributions from Individuals

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 MIKKI WEAVER					ZJM TVF	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
NANCY ANDERSON 13624 PROVIDENCE RD. WEDDINGTON, NC 28104				SELF EMPLOYED		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				AGRITOURISM HUNTER FARM STRAWBERRIES		\$ 200. <sup>00</sup>
<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"/>	01	CHECK	RECEIVED	8/9/15		\$ 200. <sup>00</sup>
<input type="checkbox"/>			SEP 29 2015			\$
<input type="checkbox"/>						\$
Union Co. Board of Elections						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
BASIL POLIVKA 3915 E. MARKET ST. STE. 412 WARREN, OHIO 44484				OWNER		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				POLIVKA INTL.		\$ 500. <sup>00</sup>
<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"/>	01	CHECK		9/10/15		\$ 500. <sup>00</sup>
<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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
KATIE MORGAN 7148 STIRRUP CT. WEDDINGTON, NC 28104				SELF EMPLOYED		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
						\$ 200. <sup>00</sup>
<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"/>	01	CHECK		9/14/15		\$ 200. <sup>00</sup>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 900. <sup>00</sup>	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2200. <sup>00</sup>	

# Contributions from Individuals

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 MIKKI WEAVER					ZJMTVF	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
JERRY FITZGERALD 1410 WILLOW OAKS DR. WEDDINGTON, NC 28104				REALTOR		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
						\$ 500. <sup>00</sup>
<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"/>	01	CHECK	RECEIVED	8/9/15	\$ 500. <sup>00</sup>	
<input type="checkbox"/>			SEP 29 2015		\$	
<input type="checkbox"/>			Union Co. Board of Elections		\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
JACK PARKS 1255 WILLOW OAKS TR. MATTHEWS, NC 28104				OWNER		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				MATTHEWS FUN MACHINE		\$ 100. <sup>00</sup>
<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"/>	01	CHECK		9/12/15	\$ 100. <sup>00</sup>	
<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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
JOSEPH HUDSON 250 REA RD. WAXHAW, NC 28173				OWNER		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				RCS MONROE, NC GARBAGE/SANI-TATION		\$ 100. <sup>00</sup>
<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"/>	01	CHECK		9/10/15	\$ 100. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 700. <sup>00</sup>	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2200. <sup>00</sup>	

**Contributions from Individuals**

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 MIKKI WEAVER						2JMTVF	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BARBARA SINCLAIR 1000 HERITAGE ACRES MATTHEWS, NC 28104				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				FOOD DISTRIBUTOR		<b>e. Election Sum to Date</b> \$ 100.00	
<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"/>	01	CHECK	RECEIVED	7/28/15	\$ 100.00		
<input type="checkbox"/>			SEP 29 2015		\$		
<input type="checkbox"/>			Union Co. Board of Elections		\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DON SINCAIR 1000 HERITAGE ACRES MATTHEWS, NC 28104				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b> \$ 100.00	
<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"/>	01	CHECK		7/28/15	\$ 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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DANIEL BARRY 8207 LAKE PROVIDENCE DR. WEDDINGTON, NC 28104				SENIOR V. PRESIDENT			
				<b>c. Employer's Name/Specific Field</b>			
				LOCKTON SENIOR V.P.		<b>e. Election Sum to Date</b> \$ 100.00	
<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"/>	01	CHECK			\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2200.00	

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT MIKKI WEAVER						ZJMTVF	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(Include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SIGN MASTERS RECEIVED 314-B DEPOT ST. MONROE, NC 28112 <i>SEP 29 2015</i> <i>Union Co. Board of Elections</i>							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 213.50	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	CHECK	#8001 (B)	8/7/15	\$ 213.50	MAGNETS x 100		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(Include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SIGN MASTERS 314-B DEPOT ST. MONROE, NC 28112							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <del>213.50</del> 505.78	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	CHECK	#8002 (B)	8/11/15	\$ 352.28	SIGNS & STANDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(Include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VISTA PRINT ORDER# ZNVL1-H3A98-407						BUSINESS CARDS	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 50.67	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	DEBIT ONLINE	(B)	8/31/15	\$ 50.67	BUSINESS CARDS		
				\$			
<b>5. Total only this Page</b>						\$ 616.45	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1493.34	
<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>							
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>							
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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT MIKKI WEAVER						2JMTVF	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(Include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
TARGET @ WESLEY CHAPEL							
				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:		\$ 17.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	DEBIT	K	9/4/15	\$ 17.07	Thank You Notes & Mailers.		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(Include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
STAPLES ONLINE <i>RECEIVED SEP 29 2015 Union Co. Board of Elections</i>							
				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:		\$ 71.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	DEBIT	F	9/9/15	\$ 71.50	OFFICE SUPPLIES/PRINTING @ HOME		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(Include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
SIGN MASTERS 314-B DEPOT ST. MONROE, NC 28112						SIGN MASTERS	
				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:		\$ 800.63	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	CHECK	B	9/10/15	\$ 234.85	4 XL SIGNS		
				\$			
<b>5. Total only this Page</b>						\$ 323.42	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1493.34	
<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>							
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>							
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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT MIKKI WEAVER						2JMTVF	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SIGN MASTERS 314-B DEPOT ST. MONROE, NC 28112							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1195.61	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	CHECK #8004	(B)	9/11/15	\$ 394.98	SIGNS & STANDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VISTA PRINT ONLINE							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 209.16	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	DEBIT	(B)	9/23/15	\$ 158.49	CARDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
				\$			
				\$			
<b>5. Total only this Page</b>						\$ 553.47	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1493.34	
<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>							
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>							
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	
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* Codes require detailed explanation in required remarks field (k)							