

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 FRED BURRELL FOR WAXHAW	c. ID Number 1JMHZE
b. Mailing Address (include City, State and Zip Code) 9001 BITBERG LN WAXHAW, NC 28173	d. Date Filed 09/24/2015
	e. Phone Number 980-239-0826

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 06/17/2015	4. Period End Date (mm/dd/yy) 09/23/2015	5. Treasurer Full Name FREDERICK A. BURRELL
------------------------	---	---	--

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	Municipal	State/County	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 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
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	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name SUN TRUST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN EXPENSES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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.

FRED BURRELL
 Printed Name of Signer

Fred Burrell
 Signature of Appointed Treasurer

09/23/2015
 Date

FOR OFFICE USE ONLY

Date Received: 9/23/15 Employee: KJaurmin

Date Postmarked: N/A Employee: _____

Date Scanned: 9/24/15 Employee: KJaurmin

Date Data Entered: _____ Employee: _____

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	
FRED BURRELL FOR WAXHAW		35-DAY		1JMHZE	
Start of Election Cycle: January 1, 2012		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$ 100.00	
6) Contributions from Individuals (CRO-1210)		\$ 300.00		\$ 300.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 1,900.00		\$ 1,900.00	
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)		\$ 2,300.00		\$ 2,300.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,259.12		\$ 2,259.12	
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)		\$ 2,259.12		\$ 2,259.12	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 40.88		\$ 40.88	
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)		\$		\$	

Aggregated Contributions from Individuals

Page

1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
FRED BURRELL FOR WAXHAW						IJMHZE	
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	1	CASH		08/15/2015	\$ 50.00	
<input type="checkbox"/>	Remove						
<input type="checkbox"/>	Add	1	CASH		08/15/2015	\$ 50.00	
<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					\$	
<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					\$	
<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					\$	
<input type="checkbox"/>	Add					\$	
<input type="checkbox"/>	Remove					\$	
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1205 Pages						\$ 100.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
 Yes No

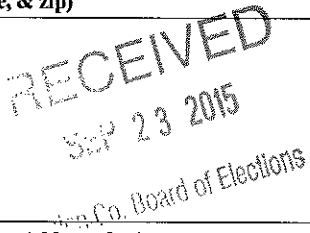
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRED BURRELL FOR WAXHAW					IJMHZE	
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	
NEWMAN EARL COOK 8115 DENHOLME DRIVE WAXHAW, NC 28173			RETIRED MINING EXECUTIVE		<div style="font-size: 2em; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; opacity: 0.5;">SEP 23 2015</div>	
			c. Employer's Name/Specific Field			
			212 MINING (EXCEPT OIL & GAS)		e. Election Sum to Date \$ 150.00	
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		07/07/2015	\$ 150.00	
<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	
DEIRDRE BURRELL 18916 N MEADOW FENCE RD. MONTGOMERY VILLAGE, MD 20886			REALTOR		SISTER-IN-LAW	
			c. Employer's Name/Specific Field			
			RE MAX REAL ESTATE		e. Election Sum to Date \$ 150.00	
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		08/03/2015	\$ 150.00	
<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"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 300.00	

Loan Proceeds

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRED BURRELL FOR WAXHAW				1JMHZE	
3. Lender 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	
DALY M. BURRELL 9001 BITBERG LN WAXHAW, NC 28173 704-256-3675		RETIRED ADMINISTRATIVE		LOAN FROM SPOUSE	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		561 ADMN & SUPPORT SERVICES		06/17/2015	
				f. End Date (mm/dd/yyyy)	
				12/31/2015	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	NONE	1	CHECK(S)	\$ 100.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
					
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages				\$ 1,900.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

RECEIVED
SEP 23 2015

Union Co. Board of Elections

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: FRED BURRELL FOR WAXHAW
- Person or committee to make loan: DALY H. BURRELL
- Date of loan to committee: 06/17/2015
- Name of lending institution and account number (source):
SPOUSE
- Amount of loan: \$100.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
SELF - FRED BURRELL
- Period of loan: 12/31/2015
- Rate of interest of loan: 0
- Security pledged for loan: N/A

I, DALY H. BURRELL, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

<u>Daly H. Burrell</u> Signature of Lender	<u>06/17/15</u> Date Signed
<u>Fred Burrell</u> Signature of Treasurer of Committee	<u>6/17/15</u> Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

Loan Proceeds

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

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRED BURRELL FOR WAXHAW				1JMHZE	
3. Lender 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	
DALY M. BURRELL 9001 BITBERG LN WAXHAW, NC 28173 704-256-3675		RETIRED ADMINISTRATIVE		LOAN FROM SPOUSE	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		561 ADMN & SUPPORT SERVICES		07/27/2015	
f. End Date (mm/dd/yyyy)		12/31/2015			
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	NONE	1	CHECK(S)	\$ 700.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages				\$ 1,900.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

RECEIVED
SEP 23 2015

Union Co. Board of Elections



North Carolina
State Board of Elections
441 N. Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: FRED BURRELL FOR WAXHAW
- Person or committee to make loan: DALY H. BURRELL
- Date of loan to committee: 7/27/15
- Name of lending institution and account number (source):
SPOUSE
- Amount of loan: \$1,700.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
FRED BURRELL
- Period of loan: 12/31/15
- Rate of interest of loan: 0
- Security pledged for loan: N/A

I, DALY H. BURRELL, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Daly H. Burrell 7/27/15
Signature of Lender Date Signed
Fred Burrell 6/17/15 7/27/15
Signature of Treasurer of Committee Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

Loan Proceeds

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRED BURRELL FOR WAXHAW				IJMHZE	
3. Lender 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	
DALY M. BURRELL 9001 BITBERG LN WAXHAW, NC 28173 704-256-3675		RETIRED ADMINISTRATIVE		LOAN FROM SPOUSE	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		561 ADMN & SUPPORT SERVICES		08/04/2015	
				f. End Date (mm/dd/yyyy)	
				12/31/2015	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	NONE	1	CHECK(S)	\$ 1,100.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				%	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
<p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">SEP 23 2015</p> <p style="text-align: center; font-size: 0.8em; opacity: 0.5;">The Board of Elections</p>					
		d. Percentage		e. Amount	
				%	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				%	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				%	
				\$	
5. Total of ALL CRO-1410 Pages				\$ 1,900.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

RECEIVED

SEP 23 2015



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Union Co. Board of Elections

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: FRED BURRELL FOR WAXHAW
- Person or committee to make loan: DALY M. BURRELL
- Date of loan to committee: 8/4/15
- Name of lending institution and account number (source):
SPOUSE
- Amount of loan: \$1100.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
FRED BURRELL
- Period of loan: 12/31/15
- Rate of interest of loan: 0
- Security pledged for loan: N/A

I, DALY M. BURRELL, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Daly M. Burrell 8/4/15
Signature of Lender Date Signed

Fred Burrell 8/4/15
Signature of Treasurer of Committee Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

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) FRED BURRELL FOR WAXHAW					2. ID Number 1JMHZE
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) VISTAPRINT LEXINGTON, MA VISTAPRINT.COM 866-614-8002			b. Coordinated Committee Name		d. Comments RECEIVED SEP 23 2015 Union Co. Board of Elections
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 15.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CREDIT CARD	B	07/01/2015	\$15.99	CAMPAIGN BUSINESS CARDS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNION COUNTY BOARD OF ELECTION 316-B EAST WINDSOR ST. MONROE, NC 28112 704-283-3809			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	07/06/2015	\$5.00	BOE FILING FEE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SIGN MASTERS 314-B DEPOT ST. MONROE, NC 28112 866-225-1701			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 1,829.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	07/28/2015	\$640.50	BUMPER MAGNETS
1	CHECK	B	08/10/2015	\$1,188.66	YARD SIGNS STANDS/TSHIRTS
5. Total only this Page					\$ 1,850.15
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>					\$ 2,259.12
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)					

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) FRED BURRELL FOR WAXHAW					2. ID Number IJMHZE
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>		b. Coordinated Committee Name		d. Comments	
IMPRESSIVE PRINTING INC. 112 EAST FRANKLIN ST MONROE, NC 28112 704-684-0194				<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">SEP 23 2015</div>	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 255.19	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	08/10/2015	\$255.19	CARD STOCK FLYERS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
SIGN MASTERS 314-B DEPOT ST. MONROE, NC 28112 866-225-1701					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1,975.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	09/11/2015	\$146.78	ADD'L BUMPER MAGNETS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
SUN TRUST BANK 8109 KENSINGTON DR WAXHAW, NC 28173 704-243-6052					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 7.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DRAFT	O	09/15/2015	\$7.00	BANK MONTHLY SERVICE FEE
				\$	
5. Total only this Page					\$ 408.97
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>					\$ 2,259.12
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)					