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: Committee to elect Ron Demaio for Union County Commission

c. ID Number: 7JM04Q

b. Mailing Address (include City, State and Zip Code): 224 Trinity Ch Rd, Monroe NC 28112

d. Date Filed: 1/11/17

e. Phone Number: 704-764-3785

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	10/23/16	12/31/17	Nancy B. Rorie

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report: 1

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☒ Third	☐ Annual
Semi-annual	☒ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name: Fifth Third Bank

b. Purpose: Checking

c. Account Code: 01

d. Period Begin Balance: $ 1652.12

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

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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.

Nancy B Rorie	Nancy B Rorie	1-11-17
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: 1/23/2017 Report Cover; 1/18/2017 Report except Cover Page — Employee:

Date Postmarked: N/A — Employee:

Date Scanned: — Employee:

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.

Amendment ☐ Yes ☒ No

Detailed Summary

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 PAM DeMARIA FOR UNION COUNTY BOARD OF COMMISSIONERS	4th Quarter	7JM04Q

Start of Election Cycle: January 1, 2016		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1014.15	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$ 50.00
6) Contributions from Individuals	(CRO-1210)	$ 525.00	$ 4911.52
7) Contributions from Political Party Committees	(CRO-1220)	$	$ 1440.00
8) Contributions from Other Political Committees	(CRO-1230)	$	$ 216.07
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)*		$ 525.00	$ 6617.59
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 101.89	$ 2666.59
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$ 250.00
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 28.00	$ 199.25
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 1429.26	$ 3621.75
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 1559.15	$ 6537.59
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ -0-	$ (20.59)
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)	$ 1429.26	$ 3621.75

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Contributions from Individuals

Pg 1 of 2

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
COMMITTEE TO ELECT PAM DEMARIA FOR UNION COUNTY BOARD OF COMMISSIONERS	7JM04Q

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
B of Curry 809 Bridgewater Dr. Monroe NC 28112	Retired	Unemployed		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	check		11/18/16	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Julie Frias UCDP PO Box 81 Monroe NC 28111	?	?		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	check		11/04/16	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Van Crow 1208 Rosa Dr Monroe NC 28112	Off Adm.	Legal		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	check		10/25	$ 100.00
☐					$
☐					$

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)*	$

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Union Co. Board of Elections

Contributions from Individuals

Pg 2 of 2

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
COMMITTEE TO ELECT PAM DEMARIA FOR UNION COUNTY BOARD OF COMMISSIONERS	7JM04Q

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Harris High PO Box 203 Lindcove Grove NC 28079	?	?		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	check		10/25/16	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Michael Smith 1324 Weddington Rd Weddington NC 28104 980-245-3535	?	?		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	cash		10/25/16	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RECEIVED JAN 18 2017 Union Co. Board of Elections				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 225.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 525.00

Contributions to be Reimbursed

Pg 1 of 3

Amendment ☐ Yes ☒ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
Committee to Elect Pam DeMarco for Union County Board of Commissioners	75M049

3. Contributor Information Add Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trail Rd Indian Trail NC 28079	Pam DeMarco 1108 Hunters Trail Dr Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	4/30/16	Y	$ ~~20.01~~ 26.01

3. Contributor Information Add Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trail Rd Indian Trail NC 28079	Pam DeMarco 1108 Hunters Trail Dr Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	5/31/16	Y	$ 1.29

3. Contributor Information Add Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Mario's Pizza 2945 Matthews-Weddington Rd. Indian Trail NC 28079	Pam DeMarco 1108 Hunters Trail Dr. Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Ford for Fundraiser	7/1/16	Y	$ 774.66

3. Contributor Information Add Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trail Rd Indian Trail NC 28079	Pam DeMarco 1108 Hunters Trail Dr. Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	7/31/16	Y	$ 171.15

4. Total only this Page	$ 967.11
5. Total of ALL CRO-1215 Pages (This line goes in line 28b of Detailed Summary Page CRO-1100)	$

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Amendment ☐ Yes ☒ No

Contributions to be Reimbursed

Pg 2 of 3

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
Committee to elect Pam DeMarco for Union County Board of Commissioners	7JM04Q

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trail Rd Indian Trail NC 28079	Pam DeMarco 1108 Hunter Trail Dr Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	8/31/16	Y	$ 79.52

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trail Rd Indian Trail NC 28079	Pam DeMarco 1108 Hunter Trail Dr. Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	9/30/16	Y	$ 35.62

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Innovate Graphics PO Box 23240 Charlotte NC 28227	Pam DeMarco 1108 Hunter Trail Dr. Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Printing	10/27/16	Y	$ 101.89

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trail Rd Indian Trail NC 28079	Pam DeMarco 1108 Hunter Trail Dr. Indian Trail NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	10/31/16	Y	$ 24.56

4. Total only this Page	$ 241.59
5. Total of ALL CRO-1215 Pages (This line goes in line 2b of Detailed Summary Page CRO-1000)	$

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Contributions to be Reimbursed

Pg 3 of 3

Amendment ☐ Yes ☒ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
Committee to Elect Pam DeMarco for Union County Board of Commissioners	7A5M049

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Jefferson Street Deli 107A Jefferson Street Monroe NC 28112	Pam DeMarco 1108 Hunters Trace Dr. Indian Trace NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Catering	10/31/16	Y	$ 101.41

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Internet Marketing 115 Unionville-Indian Trace Rd Indian Trace NC 28079	Pam DeMarco 1108 Hunters Trace Dr. Indian Trace NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	11/15/16	Y	$ 59.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Home News 200 N Camden St Wingate NC 28174	Pam DeMarco 1107 Hunters Trace Dr. Indian Trace NC 28079

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertisement	12/4/16	Y	$ 90.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

4. Total only this Page	$ 250.41
5. Total of ALL CRO-1215 Pages (will flow to 3b of Detail Summary Page CRO-1100)	$ 1459.11

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Disbursements

Pg 1 of 1

Amendment ☐ Yes ☒ 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)	2. ID Number
COMMITTEE TO ELECT PAM DEMARIA FOR UNION COUNTY BO	7JM04Q

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Innovate Graphics PO Box 23240 Charlotte NC 28227		☐ Federal ☒ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	credit card debit	B	11/04/2016	$ 101.89	Cards
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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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	$ 101.89
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)*	$ 101.89

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)

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to elect Pam DeMarco for Union County Board of Commissioners	7Jm04Q

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	01	debit	O	11/20/16	$ 14.00	service fees
☐ Add ☐ Remove	01	debit	O	12/12/16	$ 14.00	service fees
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
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☐ Add ☐ Remove					$	

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4. Total only this Page	$ 28.00
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 28.00

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

Refunds/Reimbursements From the Committee

Pg 1 of 4 Amendment ☐ Yes ☒ 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 Pam Demaria for Union County Board of Commissioners	7MJ04Q

3. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	4/30/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 20.01
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	advertisement	12/30/16	$ 20.01

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	5/31/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 1.29
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	advertisement	12/30/16	$ 1.29

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	7/1/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 774.66
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Retired	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	fundraiser food	12/30/16	$ 774.66

4. Total only this Page	$ 795.96
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

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)

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Refunds/Reimbursements From the Committee

 Amendment ☐ Yes ☒ 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 Pam Demaria for Union County Board of Commissioners	7MJ04Q

3. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	7/31/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 171.15
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CREDIT check	Advertisement	12/30/16	$ 171.15

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	8/31/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 79.52
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CREDIT check	Advertisement	12/30/16	$ 79.52

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	9/30/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 35.82
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CREDIT check	Advertisement	12/30/16	$ 35.82

4. Total only this Page	$ 286.29
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

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)

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Refunds/Reimbursements From the Committee

Pg 3 of 4 Amendment ☐ Yes ☒ 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 Pam Demaria for Union County Board of Commissioners	7MJ04Q

3. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	10/27/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 101.89
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CREDIT check	Printing	12/30/16	$ 101.89

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 24.56
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CREDIT check	Advertisement	12/30/16	$ 24.56

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	10/31/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 101.41
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CREDIT check	Catering	12/30/16	$ 101.41

4. Total only this Page	$ 227.86
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

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P* - Reimbursement of In-Kind O* Other
* Codes require detailed explanation in required remarks field (m)

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Refunds/Reimbursements From the Committee

Pg 4 of 4 | Amendment ☐ Yes ☒ 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 Pam Demaria for Union County Board of Commissioners	7MJ04Q

3. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	11/15/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 59.00
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Advertisement	12/30/16	$ 59.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/4/16
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 90.00
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Advertisement	12/30/16	$ 40.15

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
PAM DEMARIA 1108 HUNTERS TRAIL DR INDIAN TRAIL NC 28079	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED	YWCA		01

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 99.15
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1429.26

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P* - Reimbursement of In-Kind O* Other
* Codes require detailed explanation in required remarks field (m)

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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

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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect Pam Demarion for Union County Board of Commissioners

Treasurer Name: Nancy B Rowe

Treasurer Address: 224 Trinity Church Rd

(include city, state, & zip) Monroe NC 28112

Treasurer Phone: 704-764-3785

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the $1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the $1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-17-17
Date Signed

Nancy B Rowe
Signature