

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 <i>Committee to Elect Fred Foster</i>		c. ID Number <i>43-2749026</i>	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 15752 Durham NC 27704</i>		d. Date Filed	
		e. Phone Number <i>(919) 479-8305</i>	
2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>7/1/2014</i>	4. Period End Date (mm/dd/yy) <i>12/31/2014</i>	5. Treasurer Full Name <i>Jerry Head Jr</i>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Branch Bank & Trust</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign's Funds</i>		b. Purpose	
c. Account Code		c. Account Code	
d. Period Begin Balance <i>\$ 553.66</i>		d. Period Begin Balance <i>\$</i>	
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.			
<i>Jerry Head Jr</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	<i>1-15-15</i> Date
FOR OFFICE USE ONLY			
Date Received:	<i>JAN 15 2015</i>	Employee:	<i>[Signature]</i>
Date Postmarked:	<i>DURHAM-BOE</i>	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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
<i>Proton Fed to State Level</i>		<i>43-374226</i>
Start of Election Cycle: <i>January 1, 2012</i>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>553.66</i>	\$ <i>100.00</i>
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>25.00</i>	\$ <i>3798.00</i>
6) Contributions from Individuals (CRO-1210)	\$ <i>500.00</i>	\$ <i>6051.00</i>
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ <i>500.00</i>
8) Contributions from Other Political Committees (CRO-1230)	\$ <i>125.00</i>	\$ <i>1900.00</i>
9) Loan Proceeds (CRO-1410)	\$	\$ <i>100.00</i>
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ <i>375.00</i>
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)	\$ <i>.06</i>	\$ <i>.10</i>
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)	\$ <i>650.06</i>	\$ <i>12724.10</i>
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ <i>62.00</i>	\$ <i>11222.38</i>
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$ <i>200.00</i>
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$ <i>100.00</i>
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)	\$ <i>62.00</i>	\$ <i>11682.38</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>1141.72</i>	\$ <i>1141.72</i>
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-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Aggregated Contributions from Individuals

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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
<i>Committee to elect Fred Lester</i>						<i>42-3749026</i>
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/> Add		<i>check</i>		<i>12/10/2014</i>	\$ 25.00	
<input type="checkbox"/> Remove					\$ -	
<input type="checkbox"/> Add					\$ -	
<input type="checkbox"/> Remove					\$ -	
<input type="checkbox"/> Add					\$ -	
<input type="checkbox"/> Remove					\$ -	
<input type="checkbox"/> Add					\$ -	
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<input type="checkbox"/> Add					\$ -	
<input type="checkbox"/> Remove					\$ -	
4. Total only this Page					\$ <i>25.00</i>	
5. Total of ALL CRO-1205 Pages					\$ <i>25.00</i>	
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>						

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 Fred Luster						43-3749026	
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	
Dr. Alan L. Portnoy 210 Loblolly Dr. Durham, NC 27712				Retired			
				c. Employer's Name/Specific Field			
				Health Care Professional		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"/>		check		11/7/2014	\$ 500.00		
<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"/>					\$		
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						\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 500.00	

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Fred Foster				43-3779026	
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 Committee		d. Comments
Voters For Justice Justice for NC 357 Wesley Dr Chapel Hill, NC 27516			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	Check		11/22/2014	\$ 25.00	
				\$	
				\$	
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 Committee		d. Comments
Craig Meyer 9603 Leslie Dr Chapel Hill, NC 27516			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	Check		11/22/2014	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 125.00	
5. Total of ALL CRO-1230 Pages				\$ 125.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Branch Banking & Trust Co. P.O. Box 899 Wesley, NC 27294				Interest from Bank	
				e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
	Direct Bank Deposit			7-1-2014 → 12-31-2014	\$ 0.06
					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
				e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$ —
					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
				e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$ —
					\$
Total of ALL Other Receipt Sources					\$ 0.06
Total of ALL Other Receipt Sources					\$ 0.06

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Fred Foster						43-2799026	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
United States Postal Serv. (USPS)				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		Check		11/14/2014	\$ 62.00	P.O. Box rental	
					\$	fee	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
5. Total only this Page						\$ 62.00	
6. Total of ALL CRO-1310 Pages						\$ 62.00	
(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)							
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)							