

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

a. Full Name Campaign to Re Elect Michael D. Page		c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 261 Durham NC 27702		d. Date Filed 10/29/12
IN-PERSON OCT 29 2012 DURHAM BOE		e. Phone Number 919-949-4022

2012	07/01/12	10/20/12	Robin Mason
------	----------	----------	-------------

<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input 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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
---	--	---	---	---

a. Financial Institution Full Name Suntrust Bank		a. Financial Institution Full Name Suntrust Bank	
b. Purpose For all campaign expenses	c. Account Code 1	b. Purpose For all campaign expenses	c. Account Code 1
d. Period Begin Balance \$ 653.28		d. Period Begin Balance \$ 653.28	

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.

Robin Mason
 Printed Name of Signer *Robin Mason* 10/26/12
 Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>10/29/2012</u>	Employee: <u>DM Smith</u>	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
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

Use this form to summarize all disclosure reporting forms and to total monetary information.

Campaign to Re Elect Michael D. Page		2012 County THIRD QUARTER	
Start of Election Cycle:	January 1,	2012	Total this Reporting Period
4)	Cash on Hand at Start		\$ 653.28
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$ 1000.00
6)	Contributions from Individuals	(CRO-1210)	\$
7)	Contributions from Political Party Committees	(CRO-1220)	\$ 400.00
8)	Contributions from Other Political Committees	(CRO-1230)	\$
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)		\$ 1400.00
13)	Dishursements		
13a)	Operating Expenditures	(CRO-1310)	\$ 685.88
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)		\$ 685.88
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1367.40

20)	Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$
21)	Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$
22)	Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$ 1690.93
23)	Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$
24)	Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$
25)	Administrative Support	<i>(CRO-1710)</i>	\$
26)	Forgiven Loans	<i>(CRO-1440)</i>	\$
27)	48-Hour Notice Reports Sum	<i>(CRO-2200)</i>	\$
28)	Contributions to be Refunded	<i>(CRO-1215)</i>	\$

CRO-1100

NC. State Board of Elections

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

5. Total only this Page \$ 685.1

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)

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 Exp |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expens |
| O* - Other | | | |

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

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

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

Campaign to Re Elect Michael D. Page

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	check		10/04/12	\$ 200.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	check		10/05/12	\$ 100.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	check		10/05/12	\$ 100.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	check		10/09/12	\$ 100.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	check		10/10/12	\$ 500.00
<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					\$

4. Total only this Page	\$ 1000.00
5. Total of ALL CRO-1205 Pages	\$ 1000.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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

Campaign to Re Elect Michael D. Page						1
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Charles T. Wilson, Jr. 25 Pennington Pl Durham NC 27707		Owner and President				
		c. Employer's Name/Specific Field				
		C.T. Wilson Construction				
e. Election Sum to Date						
\$ 200.00						
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"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
W. Stephens Toler 8709 Mill House Ln Bahama NC 27503		Consultant				
		c. Employer's Name/Specific Field				
		STEVE TOLER, LLC				
e. Election Sum to Date						
\$ 100.00						
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"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Elaine C. Hyman 3203 Rockford Rd Durham NC 27713-1273		Retired				
		c. Employer's Name/Specific Field				
e. Election Sum to Date						
\$ 100.00						
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"/>					\$	
					\$ 400.00	
					\$ 1000.00	

Contributions from Individuals

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

Campaign to Re Elect Michael D. Page						1					
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Job Title/Profession					
John Thomas Hunt 1115 Dounphil Rd Durham NC 27707						Retired					
						c. Employer's Name/Specific Field					
						d. Comments					
e. Election Sum to Date											
\$						100.00					
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"/>					\$						
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Job Title/Profession					
Deborah Gyant Page 702 Basil Drive Durham NC 27713						Chief Human Resources Officer					
						c. Employer's Name/Specific Field					
						d. Comments					
e. Election Sum to Date											
\$						500.00					
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"/>					\$						
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											
\$											
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"/>					\$						
						\$ 600.00					
						\$ 1000.00					

Contributions from Political Party Committees

Use this form to report contributions from a political party

Campaign to Re Elect Michael D. Page	1
--------------------------------------	---

a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Realtors PAC 4511 Weybridge Lane Greensboro NC 27407	b. Comments c. Election Sum to Date \$ 400.00
---	---

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	check		09/06/12	\$ 400.00
				\$
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments c. Election Sum to Date \$
--	--

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments c. Election Sum to Date \$
--	--

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$

i. Total of all contributions	\$ 400.00
j. Total of all in-kind contributions	\$ 400.00

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
Campaign to Re Elect Michael D. Page					1
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)		b. Coordinated Committee Name		d. Comments	
Omar Beasley		Committee to Elect Omar Beasley			
Durham NC		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	E	10/20/12	\$250.00	IN-PERSON
1	check	E	10/27/12	\$250.00	NOV 02 2012
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	
Brenda Howerton		Committee to Re Elect Brenda Howerton		DURHAM BOE	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	E	10/22/12	\$250.00	
				\$	
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	
Spectacular Magazine L. Coley 331 West Main Street Durham NC 27701					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date	
				\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/24/12	\$300.00	Advertisement Magazine
				\$	
5. Total only this Page					\$ 1050.00
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>					
7. Purpose Codes <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		

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
Campaign to Re Elect Michael D. Page					1
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)		b. Coordinated Committee Name		d. Comments	
NC Central University 1805 Fayetteville Street Durham NC 27707				IN-PERSON NOV 02 2012 DURHAM BOE	
		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:		\$ 55.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/14/12	\$55.00	Advertisement During Parade
				\$	
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	
ESP Graphx 4512 Sun Valley Drive Durham NC 27713				Graphics Design Campaign Materials	
		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:		\$ 630.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	10/12	\$630.88	Design Campaign Materials
				\$	
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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <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					\$ 685.88
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>					
7. Purpose Codes <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					

Contributions from Political Party Committees

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Campaign to Re Elect Michael D. Page				1	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
NC Realtors PAC 4511 Weybridge Lane Greensboro NC 27407				IN-PERSON NOV 02 2012 DURHAM BOE	
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	check		09/06/12	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 400.00	
5. Total of ALL CRO-1220 Pages				\$ 400.00	

Debts and Obligations Owed By the Committee

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

Campaign to Reflect Michael D. Page

a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael D. Page 702 Basil Dr. Durham NC 27713		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor Candidate	
c. Beginning Balance \$ 0.00	d. Total Amount Paid \$ 0.00	e. Total Amount Incurred \$ 1690.93	f. Remaining Balance \$ 1690.93

g. Incurred Debts (what the committee received this period)

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) Signstop Inc. 2521 Buckingham Rd Wilson NC 27896	g2. Date (mm/dd/yyyy) 10.02.12	g3. Amount \$ 1430.30	g4. Purpose Code B	g5. Required Remarks Campaign Signs
--	--	---------------------------------	------------------------------	---

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) USPS Durham main Post office Durham NC 27701	g2. Date (mm/dd/yyyy) 10.09.12	g3. Amount \$ 9.90	g4. Purpose Code I	g5. Required Remarks Stamps
--	--	------------------------------	------------------------------	---------------------------------------

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) Office Depot 5600 S Miami Blvd Morrisville NC 27560	g2. Date (mm/dd/yyyy) 10.10.12	g3. Amount \$ 14.43	g4. Purpose Code K	g5. Required Remarks office supplies ^{paper}
---	--	-------------------------------	------------------------------	---

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) Sam's Wholesale Club 1051 Shiloh Glenn Dr. Morrisville NC 27560	g2. Date (mm/dd/yyyy) 10.10.12	g3. Amount \$ RM 14.43 79.04	g4. Purpose Code O	g5. Required Remarks gasoline to pickup campaign signs from Wilson NC
---	--	---	------------------------------	---

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) Office Depot 5600 S. Miami Blvd Morrisville NC 27560	g2. Date (mm/dd/yyyy) 10.07.12	g3. Amount \$ 10.70	g4. Purpose Code K	g5. Required Remarks Paper
--	--	-------------------------------	------------------------------	--------------------------------------

- 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
 - O* - Other
- * Codes require detailed explanation in required remarks field (g5.)

Debts and Obligations Owed By the Committee Pg 2 of 2 Amendment Yes No
 Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Campaign to ReElect Michael D. Page			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Michael D. Page 702 Basil Dr Durham NC 27713		b. Description of Creditor Candidate	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 0.00	\$ 1690.93	\$ 1690.93
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
Fedex office 610 9th St Durham NC 27705		10/11/12	\$ 146.56
		g4. Purpose Code	g5. Required Remarks
		B	Printing Brochures
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 146.56	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 1690.93	
6. Purpose Codes (List detailed expenditure code in req.)			
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	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			

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
Campaign to Re Elect Michael D. Page	

3. Type of Disbursement	<i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>	
Operating Expenses	Contributions to Candidates/Political Committees	Coordinated Party Exp

4. Payee Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	
NC Central University 1805 Fayetteville Street Durham NC 27707			
		c. Level Registered (Specify)	
		Federal	County:
		State	Municipality:
		e. Election Sum	
		\$ 55.00	

i. Account Code	g. Form of Payment	h. Purpose Code	l. Date (mm/dd/yyyy)	j. Amount	k. Required Res
1	check	A	10/14/12	\$55.00	Advertisemen
					During Parade
				\$	

4. Payee Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	
ESP Graphx 4512 Sun Valley Drive Durham NC 27713			
		c. Level Registered (Specify)	
		Federal	County:
		State	Municipality:
		e. Election Sum	
		\$ 630.88	

i. Account Code	g. Form of Payment	h. Purpose Code	l. Date (mm/dd/yyyy)	j. Amount	k. Required Res
1	check	B	10/12	\$630.88	Design Camp
					Materials
				\$	

4. Payee Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	
		c. Level Registered (Specify)	
		Federal	County:
		State	Municipality:
		e. Election Sum	
		\$	