

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.

I. Committee Information				
a. Full Name			c. ID Number	
Election Board Commissioner			VJ6284	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
174 Stage Coach Ln Rutherford NC 28135				
			e. Phone Number	
			(919) 286-0350	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2010	4/06/10	4/17/10	Jesse J. McKinney	
6. Type of Committee (Check One)		7. Type of Report (Check one type of report for one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <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 Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		10. Special Report Name		
8. Number of Fundraisers this Report				
- 6 -				
II. Account Information		III. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Branch Bank + Trust				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
All Campaign Expenses	1260			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1519.60		\$	
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.				
Jesse J. McKinney		Jesse J. McKinney		07/21/10
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	4-21-10	Employee:	DH	
Date Postmarked:		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	
Elect State Commission	First quarter	VJ6284	
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1819.60	\$ 1819.60	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 98.00	
6) Contributions from Individuals (CRO-1210)	\$ 350.00	\$ 250.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ 1300.00	
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)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 2169.60	\$ 2169.60	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1571.92	\$ 1571.92	
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)	\$ 1571.92	\$ 1571.92	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 617.68	\$ 617.68	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 1200.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1300.00		
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)	\$	\$	

2248.00

1630.32

1630.32

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

Committee Name (and applicable) 113						
<p><u>Flood Golf - Lamar W. Jordan</u></p>						<p><u>VJ 6284</u></p>
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p><u>JOHN E. KING</u> <u>391 Honey Suckle Dr.</u> <u>Rutherfordton, N.C. 28139</u></p>			<p>b. Job Title/Profession</p> <p><u>Educator, Retired</u></p> <p>c. Employer's Name/Specific Field</p>		<p>d. Comments</p>	
<p>e. Election Sum to Date</p> <p>\$ <u>50.00</u></p>						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>1222</u>	<u>check</u>		<u>4/07/10</u>	\$	<u>50.00</u>
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Candidate Information 114						
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p><u>Henry C. Gillis, Jr.</u> <u>243 W. Mountain St</u> <u>Rutherfordton, NC 28139</u></p>			<p>b. Job Title/Profession</p>		<p>d. Comments</p>	
<p>c. Employer's Name/Specific Field</p>						<p>e. Election Sum to Date</p> <p>\$ <u>100.00</u></p>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>1222</u>	<u>check</u>		<u>7/07/10</u>	\$	<u>100.00</u>
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Candidate Information 115						
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p><u>Ernestino B. Gold</u> <u>375 Chimney Rock Road.</u> <u>Rutherfordton, N.C. 28139</u></p>			<p>b. Job Title/Profession</p> <p><u>Retired</u></p> <p>c. Employer's Name/Specific Field</p>		<p>d. Comments</p>	
<p>e. Election Sum to Date</p> <p>\$ <u>100.00</u></p>						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>1222</u>	<u>check</u>		<u>4/09/10</u>	\$	<u>100.00</u>
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<p>4. Total on this Page</p>					\$	<u>250.00</u>
<p>5. Total on all CRO-1201 Pages</p>					\$	

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

Committee Full Name (Include City, State, and Zip)						ID Number
EB of Bd. of Commissioners						VJ 6284
Candidate Full Name (Include City, State, and Zip)						Job Title/Profession
Louise J. Myers 140 J Morgan St. Forest Cof. N.C. 28043						Retired
						Employer's Name/Specific Field
Full Name, Mailing Address & Phone (include city, state, & zip)						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"/>	1222	check		4/01/10	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Candidate Full Name (Include City, State, and Zip)						Job Title/Profession
						e. Election Sum to Date
						\$
Full Name, Mailing Address & Phone (include city, state, & zip)						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"/>					\$	
Candidate Full Name (Include City, State, and Zip)						Job Title/Profession
						e. Election Sum to Date
						\$
Full Name, Mailing Address & Phone (include city, state, & zip)						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"/>					\$	
Total						\$ 100.00
Grand Total						\$ 350.00

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
Blair Bob Campaign						V3 6284
3. Type of Disbursement <i>(Please use separate CRO-1100 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						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
55 Campbell, Ind. 4176 6th Street Wyandotte, MI 48192			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" 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	
1222	Credit Card Payment	Signs	4/05/10	\$ 1346.00		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vista Point 45 Haden Ave Washington, Maine 02421			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" 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	
1222	Credit Card Payment	Business Cards	4/05/10	\$ 205.92		
				\$		
4. Payee Information						
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						\$ 1551.92
6. Total of All CRO-1100 Pages						\$
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes <i>(List detailed explanation in required remarks field (k))</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 O* - Other						

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
Elit Bolt Commission			VT 6284
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
Robert W. Bolt 174 Stage Coach Ln Rutherfordton, NC 28139		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			2/04/10
			f. End Date (mm/dd/yyyy)
			12/31/10
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	None	\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
Robert W. Bolt			
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
Robert W. Bolt 174 Stage Coach Ln Rutherfordton, N.C. 28139		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			3/17/10
			f. End Date (mm/dd/yyyy)
			12/31/10
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	None	\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
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
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1300.00
5. Total of ALL CRO-1430 Pages <small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small>			\$ 1300.00