

Disclosure Report Cover

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.

Amendment

Yes No

1. Committee Information

| | | |
|---|--|--|
| a. Full Name Caldwell for Sheriff | | c. ID Number CHOTN H |
| b. Mailing Address (include City, State and Zip Code) P.O. B. 16505 CHAPEL HILL, NC 27516 | | d. Date Filed 4/28/14 |
| | | e. Phone Number (919) 967-4442 |

| | | | |
|-------------------------------|--|---|---|
| 2. Report Year 2014 | 3. Period Start Date (mm/dd/yy) 2/4/14 | 4. Period End Date (mm/dd/yy) 4/19/14 | 5. Treasurer Full Name David Caldwell Jr. |
|-------------------------------|--|---|---|

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
None

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

| Municipal | State/County | Referendum |
|---|--|--|
| <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 | <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 | <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 |

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
SunTrust

b. Purpose
Campaign

c. Account Code
237

d. Period Begin Balance
\$491.31

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

David Caldwell Printed Name of Signer **David Caldwell** Signature of Appointed Treasurer **4/28/14** Date

FOR OFFICE USE ONLY

| | | |
|-------------------------------|------------------------------|---|
| Date Received: 4/28/14 | Employee: [Signature] | 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: 4/28/14 | Employee: [Signature] | |
| 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.

CRO-1000

RECEIVED
 APR 28 2014
 NC State Board of Elections
 Orange County Bd. of Elections

August 2008

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) Caldwell for Sheriff 2. ID Number CHOTNH

3. Contributor Information

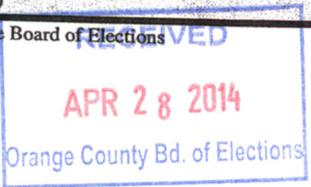
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|---------------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | <u>237</u> | <u>CHECK</u> | | <u>4/5/14</u> | <u>\$ 50.00</u> |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | <u>237</u> | <u>CHECK</u> | | <u>4/1/14</u> | <u>\$ 50.00</u> |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | <u>237</u> | <u>CASH</u> | | <u>3/31/14</u> | <u>\$ 50.00</u> |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | <u>237</u> | <u>CASH</u> | | <u>3/28/14</u> | <u>\$ 17.99</u> |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
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| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |

4. Total only this Page \$ 167.99
 5. Total of ALL CRO-1205 Pages \$ 167.99
 (This line must be on line 5 of Detailed Summary Page CRO-1100)

CRO-1205

NC State Board of Elections

April 2007



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) Caldwell for Sheriff | 2. Type of Report FIRST QTR ORGANIZATIONS | 3. ID Number CHOTNH |
|--|---|-------------------------------|

| | | |
|--|-----------------------------|---------------------------|
| Start of Election Cycle: January 1, _____ | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 491.33 | \$ 0 |

RECEIPTS

| | | |
|---|--------------------|-------------------|
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 167.99 | \$ 167.99 |
| 6) Contributions from Individuals (CRO-1210) | \$ 775.00 | \$ 875.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds (CRO-1410) | \$ 2,579.80 | \$ 3579.80 |
| 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) | \$ | \$ |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | \$ 3522.79 | \$ 4622.79 |

EXPENDITURES

| | | |
|--|-------------------|--------------------|
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 3391.31 | \$ 3,999.98 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 150.00 | \$ 150.00 |
| 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) | \$ 3541.31 | \$ 4149.98 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 472.81 | \$ 472.81 |

ADDITIONAL INFORMATION

| | | |
|--|--------------------|----|
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 1,000.00 | |
| 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) | \$ | \$ |

RECEIVED
APR 28 2014
 Orange County Bd. of Elections

Contributions from Individuals

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

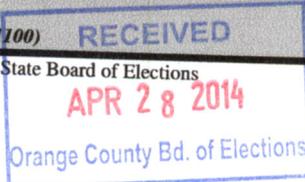
| | |
|--|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) <u>Caldwell for Sheriff</u> | 2. ID Number <u>CHOTNH</u> |
|--|-------------------------------|

| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
|--|-----------------|--|------------------------|---|------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Robert Campbell</u> <u>1711 Purefoy Dr.</u> <u>Chapel Hill, NC 27516</u> | | b. Job Title/Profession <u>Retired</u> | | d. Comments | |
| | | c. Employer's Name/Specific Field <u>NONE</u> | | e. Election Sum to Date <u>\$ 300.00</u> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | <u>237</u> | <u>CHECK</u> | | <u>3/20/14</u> | <u>\$ 300.00</u> |
| <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) <u>Eddie Isler</u> <u>402 Timberhill Lane</u> <u>Durham, NC 27713-1948</u> | | b. Job Title/Profession <u>ACCOUNTANT</u> | | d. Comments | |
| | | c. Employer's Name/Specific Field <u>STATE EMPLOYEE</u> <u>CREDIT UNION</u> | | e. Election Sum to Date <u>\$ 200.00</u> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | <u>237</u> | <u>CHECK</u> | | <u>3/20/14</u> | <u>\$ 200.00</u> |
| <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) <u>David Fitts</u> <u>1005 Grandover Dr.</u> <u>Durham, NC 27713</u> | | b. Job Title/Profession <u>EXECUTIVE</u> | | d. Comments | |
| | | c. Employer's Name/Specific Field <u>GLAXO Smith +</u> <u>KLINE</u> | | e. Election Sum to Date <u>\$ 100.00</u> | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | <u>237</u> | <u>CHECK</u> | | <u>3/20/14</u> | <u>\$ 100.00</u> |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|--|------------------|
| 4. Total only this Page | <u>\$ 600.00</u> |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | <u>\$ 775.00</u> |



Contributions from Individuals

Amendment
 Yes No

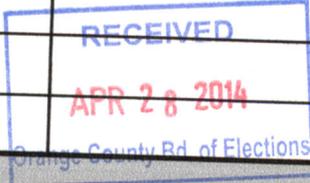
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | |
|--|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) Caldwell for Sheriff | 2. ID Number CHOTNH |
|--|-------------------------------|

| 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 | |
| STANLEY MELVIN 1502 CEDAR LAKE KINSTON, NC 28506 | | DETENTION CENTER DIRECTOR | | | |
| | | c. Employer's Name/Specific Field NC DEPARTMENTAL Public Safety | | | |
| | | | | 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"/> | 237 | CHECK | | 3/20/14 | \$100.00 |
| <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 | |
| LEE W. STORROW 208 BARCLAY Rd. Chapel Hill, NC 27516-1405 | | COUNCILMAN | | | |
| | | c. Employer's Name/Specific Field TOWN OF CHAPEL HILL | | | |
| | | | | e. Election Sum to Date \$ 75.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 237 | CHECK | | 4/15/14 | \$75.00 |
| <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 | \$ 175.00 |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | \$ 775.00 |

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) Caldwell for Sheriff | | | | 2. ID Number CHDTNH | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DANNY CALDWELL 1715 RUSCH Rd. Chapel Hill, NC 27516 | | | b. Job Title/Profession RETIRED | | d. Comments BROTHER | |
| | | | c. Employer's Name/Specific Field NONE | | e. Start Date (mm/dd/yyyy) 3/24/14 | |
| | | | | | f. End Date (mm/dd/yyyy) | |
| g. Rate % | h. Security Pledged | | | | i. Account Code 237 | j. Form of Payment CASH |
| l. Full Name of Lending Institution DANNY CALDWELL | | | | | | |
| m. Loan Number | | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | | | | |
| 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 (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | | |
| | | | | | \$ 2579.80 | |

CRO-1410

NC State Board of Elections

RECEIVED
 APR 28 2014
 Orange County Bd. of Elections

April 2007

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) Caldwell for Sheriff | | 2. ID Number CHOTNH | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Rosie Phillips 8108 ROGERS Rd. Chapel Hill, NC 27516 | | b. Job Title/Profession RETIRED | d. Comments Spouse |
| | | c. Employer's Name/Specific Field NONE | e. Start Date (mm/dd/yyyy) 2/18/14 |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate % | h. Security Pledged | i. Account Code 237 | j. Form of Payment CHECKS |
| | | | k. Amount \$600.00 |
| l. Full Name of Lending Institution Rosie Phillips | | | m. Loan Number |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | |
| 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 (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | \$2579.80 |

RECEIVED
APR 28 2014

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)

Caldwell for Sheriff

2. ID Number

CHOTNH

3. Lender Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Rosie Phillips
8108 ROGERS Rd.
Chapel Hill, NC 27514

b. Job Title/Profession

Retired

d. Comments

Spouse

c. Employer's Name/Specific Field

NONE

e. Start Date (mm/dd/yyyy)

3/24/14

f. End Date (mm/dd/yyyy)

g. Rate

%

h. Security Pledged

i. Account Code

237

j. Form of Payment

CHECK

k. Amount

\$1479.80

l. Full Name of Lending Institution

Rosie Phillips

m. Loan Number

4. Endorsers/Makers (The people who guarantee the loan.)

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

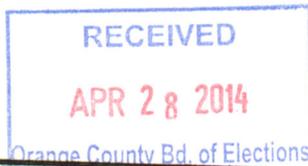
c. Employer's Name/Specific Field

d. Percentage

%

e. Amount

\$



5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page CRO-1100)

\$2579.80

Disbursements

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) Caldwell for Sheriff | 2. ID Number CHDTNH |
|--|-------------------------------|

| |
|---|
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ALVIN BARNER AA SERVICES 313 SYLVAN WAY CHAPEL HILL, NC 27516 | b. Coordinated Committee Name |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | d. Comments |
| | e. Election Sum to Date \$ 230.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| 237 | CREDIT CARD | B | 2/12/14 | \$ 230.00 | |
| | | | | \$ | |

| | |
|--|---|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ORANGE COUNTY Bd. of Elections 110 EAST KING ST. P.O. B. 220 HILLSBOROUGH, NC 27278 | b. Coordinated Committee Name |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | d. Comments |
| | e. Election Sum to Date \$ 826.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| 237 | CHECK | B | 2/17/14 | \$ 826.00 | |
| | | | | \$ | |

| | |
|---|---|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) HALL FOR HOUSE District 29 P.O. B. 25308 DURHAM, NC 27702-5308 | b. Coordinated Committee Name |
| c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | d. Comments |
| | e. Election Sum to Date \$ 100.00 |

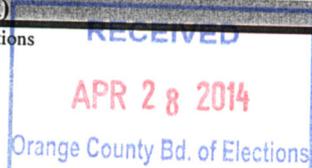
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| 237 | CHECK | B | 3/7/14 | \$ 100.00 | |
| | | | | \$ | |

| | |
|-------------------------|-------------------|
| 5. Total only this Page | \$ 1156.00 |
|-------------------------|-------------------|

| | |
|--|--------------------|
| 6. Total of ALL CRO-1310 Pages | \$ 3,541.31 |
| (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)



Disbursements

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) Caldwell for Sheriff | | | | | | 2. ID Number CHOTNH | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) FedEx Office 114 W Franklin St. Chapel Hill, NC 27516-2516 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 \$ 233.77 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 237 | Credit Card | B | 3/26/14 | \$ 233.77 | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Foushee for Senate 357 Wesley Dr. Chapel Hill, NC 27516 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 \$ 50.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 237 | Check | B | 3/26/14 | \$ 50.00 | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Gephart Marketing Solutions LLC. P.O. B. 669 Hillsborough, NC 27278 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 \$1894.60 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 237 | Credit Card | B | 3/25/14 | \$1894.60 | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 2178.37 | |
| 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) | | | | | | 3,541.31 | |
| 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) | | | | | | | |

RECEIVED
APR 28 2014
 Orange County Bd. of Elections

Disbursements

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) Caldwell for Sheriff | | | | | | 2. ID Number CHDTNH | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Fedex Office 114 W Franklin St. Chapel Hill, NC 27516-2516 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 \$ 158.56 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 237 | Credit Card | B | 4/7/14 | \$ 158.56 | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Signs Now 1322 Fordham Blvd #5 Chapel Hill, NC 27514 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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 \$ 48.38 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 237 | Credit Card | B | 4/10/14 | \$ 48.38 | | | |
| | | | | \$ | | | |
| 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: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ | |
| 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 | | | | | | \$ 206.94 | |
| 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) | | | | | | \$ 3,541.31 | |
| 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) | | | | | | | |

APR 28 2014
 Orange County Bd. 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
 Fax: (919) 715-8047

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: CALDWELL FOR STEARNS
- Person or committee to make loan: DANNY CALDWELL
- Date of loan to committee: _____
- Name of lending institution and account number (source):
DANNY CALDWELL
- Amount of loan: \$500.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

I, _____, 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.

Danny Caldwell
 Signature of Lender Date Signed

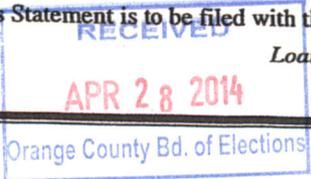
Kim Caldwell
 Signature of Treasurer of Committee Date Signed

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

CRO-6100

Loan Proceeds Statement

May 2013





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
 Fax: (919) 715-8047

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: Caldwell for Sheriff
- Person or committee to make loan: Rosie Phillips
- Date of loan to committee: _____
- Name of lending institution and account number (source):
Rosie Phillips
- Amount of loan: \$2,079.80
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

I, Rosie Phillips, 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.

Rosie Phillips
 Signature of Lender Date Signed

Kim Caldwell
 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.

CRO-6100

Loan Proceeds Statement

May 2013

