Amendment

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.

1. Committee Information						
a. Full Name	c. ID Number					
Re-elect Eddle Holbrook						
b. Mailing Address (i	d. Date Filed					
	201 T Shelby	roon p		2-10-14		
	chalhy	NC '	38120	e. Phone Number		
	704.473-8279					
2. Report Year 3.	. Period Start Date (mm/dd		· · · · · · ·	reasurer Full Name		
$\sim$	<u> </u>		0-2014 Br	Hany K Spangler		
	ittee (Check One)			of report from one category)		
Candidate Campa	<b>=</b>	Municipal	State/County	Referendum		
PAC	Referendum	Organizational	I— ·	Organizational		
Independent Expe		Thirty-five day	` '	Pre-referendum		
Legal Expense Fu	md	Pre-primary	First	Final		
		Pre-election	Second	Supplemental Final		
7. Type of Fund	(if applicable, check one)	Pre-runoff	Third	Annual		
Booster Fund		Semi-annual	Fourth	Special Special		
Building Fund		Mid Year	l <u>—</u>	10 Carried Bount Norma		
<b>—</b> 60		Year End	I <b>=</b>	10. Special Report Name		
Other:	- 3t 4Lt- Donast	Final Samuel	Year End	1		
8. Number of Ful	ndraisers this Report	Special	Final	1		
		<u> </u>	☐ Special			
11. Account Infor		11. Account Informatio				
a. Financial Institutio	n Full Name		a. Financial Institution Full l	Name		
Bank of	the Ozarks	>				
b. Purpose	c. Account Co	de	b. Purpose	c. Account Code		
Campaig account f	31)					
	d. Period Begi	in Balance		d. Period Begin Balance		
receipts.				<b>s</b>		
	WITES I					
CERTIFICATIO	-,		· <b>-</b> - <b>-</b> - <b>-</b> - <b>-</b> - <b>-</b> - <b>-</b> - <b>-</b>			
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.						
Britany C Spangler Buttly Spancy 2/1/19 Printed Name of Signer Signatury of Appointed Treasurer Date						
FOR OFFICE US			ilatilly or rippymina recorder			
FOR OFFICE US	SE UNL I			Delivery Method		
Date Received	i:	Employ	/ee:	☐ Normal Mail		
Date Postmark	ked:	_ Employ	/ee:	Registered Mail Hand Delivered		
Date Scanned:	:	_ Employ	/ee:	☐ Electronically Filed ☐ Signer has not received		
Date Data Ent		_ Employ		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.						
Yo	ou must amend the Statemen					

CRO-1000

Detailed Summary	Amendment  Yes No		
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)			
	2. Type of		D Number
Re-elect Eddie Holbron	POUR	ki lenort	
Start of Election Cycle: January 1, <u>2014</u>	<u> </u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS		F	I
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$2000.00	\$ 2000, 00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
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)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$,2000.00	\$ 2000,00
EXPENDITURES		•	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1733, SQ	s 1733,52
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, 13	5, 16 and 17)	\$1733,52	\$1733.52
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	\$
ADDITIONAL INFORMATION	ī		
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)	\$	\$
,	(CRO-1215)	\$	\$ August 2000

JUL 0 1 2014

Disburseme	nts

	1		1	Amendmen	t
Pg	<u></u>	of		Yes Yes	☐ No
				31.7 . (	41.1

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							
Re-	elect E	dall.	H0	1 broc	oK -		2. ID Number
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Dish	urse	ment.)
Operating Exp		tributions to Candida					ed Party Expenditures
4. Payee Inforn	nation			Add 🔲	Remove		
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name	e	d. Comments
(include city, state,	& zip)						
Westmo	oreland Pr	inters					
2020 6	DIXNO BI	Vd		<b>_</b>	stered (Specify)		
Shelby	. DIXON BI	3		Federal	County:		
				State	Municipa	uity:	e. Election Sum to Date
	04-482-						\$1066.33
f. Account Code		h. Purpose Code		mm/dd/yyyy)			quired Remarks
	CDCCK	L 15	04 28	8-2014	\$ <i>1000.</i> 33	1//	ard soans
	,	-			\$	/	J
4. Payee Inform	nation			Add 🔲	Remove	<u></u>	
_	ing Address & Phone			<del>,</del>	ed Committee Name	e	d. Comments
(include city, stat	-						
12100 1	lante (v	\					
Draa	ied > / ii	) C + _		c. Level Regis	stered (Specify)		
2522	ley's Ir West Dix	an Bly	0	Federal	County:	ļ	
City			<u></u>	L State	Municipa Municipa	ılity:	e. Election Sum to Date
Shelby, NC 28152						\$667.19	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Check	B	05/	06/2014	\$667,19	$\perp \mathcal{L}$	nagnuts
					\$		)
4. Payee Inform	ation			Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	e l	d. Comments
(include city, stat	te, & zip)				<u> </u>		
					stered (Specify)		
				Federal Control	County:		. Fleetles Some to Date
				State	Municipa	mty:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j, Amount	k. Re	quired Remarks
	<u> </u>				\$		
						1	·
					\$	L.,	
5. Total only this Page							\$ 1733,52
5. Total only this Page \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
(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							
			olitical Party H* - Holding Public Office Expenses				
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
O* Other	. 3.4.H-3 * ·			. 6.14.05			
🛨 Codes requir	<u>e detailed explanati</u>	<u>on in required r</u>	emarks	meid (k)			

JUL 0 1 2014

Amendment

## **Contributions from Individuals** ☐ No ☐ Yes 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 Holbrook 3. Contributer Information ☐ Add ☐ Remove L. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) President c. Employer's Name/Specific Field e. Election Sum to Date Shelby, NC 281500 Fibers Prior g. Account Code h. Form of Payment j, Date (mm/dd/yyyy) \$ \$ 3. Contributor Information □ Add ☐ Remove b. Job Title/Profession . Fuli Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date j. Date (mm/dd/yyyy) . Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount П S \$ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment 1. In-Kind Description \$ S 4. Total only this Page 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)