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	c. ID Number
Elect Chris DeLambert	OGL127
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
125 Friars Dr. Sanford, NC 27330	1/12/2015
	e. Phone Number
	919-395-1767

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	7/1/2014	10/18/2014	John Duke Riley, 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

1

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☒ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
BB&T		Campaign Finance	1
			d. Period Begin Balance
			$ 0.00

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.

John Duke Riley, Jr.	[signature]	1/11/2015
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	1/12/14	Employee:	[illegible]
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☑ Hand Delivered
- ☐ Electronically Filed
- ☐ 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.

JAN 12 2015 COUNTY

Detailed Summary

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

Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Elect Chris Delambert	3rd Quarter	OGL127

Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0.00	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 935.00	$ 935.00
6) Contributions from Individuals	(CRO-1210)	$ 1287.52	$ 1485.52
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 30.00	$ 30.00
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)		$ 2252.52	$ 2450.52
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1741.50	$ 1741.50
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)	$ 487.52	$ 685.52
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2229.02	$ 2427.02
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 23.50	$ 23.50
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)	$	$

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Aggregated Contributions from Individuals

Page 1 of 2

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
Elect Chris Delambert	OGL127

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check	-	08/07/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	08/07/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	08/07/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	08/29/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	08/29/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	08/29/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	09/02/2014	$ 50.00
☐ Add ☐ Remove	1	Check	-	09/02/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	09/02/2014	$ 50.00
☐ Add ☐ Remove	1	Cash	-	09/02/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/02/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/02/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/02/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/02/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	-	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	-	09/09/2014	$ 30.00

4. Total only this Page	$ 730.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 935.00

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LEE COUNTY

Aggregated Contributions from Individuals

Page 2 of 2

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
Elect Chris Delambert	OGL127

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Cash	–	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	–	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	–	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	–	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	–	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Cash	–	09/09/2014	$ 30.00
☐ Add ☐ Remove	1	Check	–	10/02/2014	$ 25.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

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LEE COUNTY

4. Total only this Page	$ 205.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 935.00

Contributions from Individuals

Pg 1 of 4

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)	2. ID Number
Elect Chris Delambert	OGL127

3. Contributor Information ☐ Add ☐ Remove

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
Lee West 2001 Country Club Ct. Sanford, NC 27330 919-499-2456	CPA	West Financial Strategies		$ 135.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	–	07/23/2014	$ 75.00
☐	1	Check	–	09/02/2014	$ 60.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Billy Wyatt 5309 Chandler Oaks Ln McClainville, NC 27301 336-554-4738	Finance Manager	Car Dealership		$ 115.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	–	07/25/2014	$ 75.00
☐	1	Cash	–	09/09/2014	$ 40.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Mary Dutton 1004 Montague Ct. Sanford, NC 27330 919-776-6462	Retired	Retired		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	–	08/29/2014	$ 60.00
☐					$
☐					$

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4. Total only this Page	$ 310.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1386.52

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)	2. ID Number
Elect Chris Delambert	OGL127

3. Contributor Information ☐ Add ☐ Remove

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
Mark Cronmiller 2012 Sandalwood Dr. Sanford, NC 27330 919-478-0626	Retired	Engineer		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09/02/2014	$ 60.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Donna Hunt 4620 Kimberly Cir Sanford, NC 27330 919-774-4808	Retired	Retired		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	-	09/09/2014	$ 60.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Stan Davis 658 Steel Bridge Rd Sanford, NC 27330 919-770-4040	Vetrinarian	Maple Springs Vet Clinic		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	-	09/09/2014	$ 60.00
☐			RECEIVED		$
☐			JAN 12 2015		$

4. Total only this Page	$ 180.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1386.52

Contributions from Individuals

Pg 3 of 4

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)	2. ID Number
Elect Chris Delambert	OGL 127

3. Contributor Information ☐ Add ☐ Remove

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
Cameron Sharpe 1062 Windmere Trail Sanford, NC 27332 919-498-4882	Probation Officer	NC Dept of Public Safety		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	–	09/09/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
John Ramsperger 2016 Paul St. Sanford, NC 27330 919-708-5100	Real Estate Broker	Prudential Sanford Real Estate		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	–	09/09/2014	$ 60.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Richard Feindel 622 W. Chisholm St. Sanford, NC 27330 919-775-3525	Owner	WWGP Radio Station		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	–	10/02/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 210.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1386.52

Contributions from Individuals

Pg 4 of 4

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)	2. ID Number
Elect Chris DeLambert	OGL127

3. Contributor Information ☐ Add ☐ Remove

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
Karen DeLambert 900 Ashley Ln Tupelo, MS 38801 662-891-8943	Retired	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check	—	10/02/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Chris DeLambert 125 Friars Drive Sanford, NC 27330 919-353-3481	Marketing	Temple Theatre		$ 384.02

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Personal Debit Card	Campaign Signs	08/28/2014	$ 285.02
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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
Stephen Scully 1102 Hawkins Ave Sanford, NC 27330 919-774-7446	Owner	Applied Graphics		$ 202.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1		Bumper Decals	9/15/2014	$ 202.50
☐					$
☐					$

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LEE COUNTY

4. Total only this Page	$ 686.52
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1386.52

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Chris Delambert	OGL127

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Committee to Elect Mike Stone 2012 Sandalwood Dr. Sanford, NC 27330 919-777-8419	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 30.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		09/10/2014	$ 30.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

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LEE COUNTY

4. Total only this Page	$ 30.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 30.00

Disbursements

Pg 1 of 2

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)	2. ID Number
Elect Chris Delambert	OGL 127

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
The Steele Pig 133 S. Steele St. Sanford, NC 27330 919-777-9963		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 372.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	C	09/10/2014	$ 372.00	Catering for fundraiser
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
All Digital Printing + Document Services 354 Wilson Rd. Sanford, NC 27330 919-774-6324		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 107.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	08/29/2014	$ 107.00	Palmcards
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WWGP 1050 AM PO Box 3457 Sanford, NC 27331 919-775-3525		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	09/17/2014	$ 100.00	Radio Advertising
				$	

5. Total only this Page	$ 579.00
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)*	$ 1741.50

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)**

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LEE COUNTY

Disbursements

Pg 2 of 2

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)	2. ID Number
Elect Chris DeLambert	OGL127

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
G.S.P. Graphic Screenprinting 5512 Mitchelldale Houston, TX 77092 713-683-1809		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 612.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Wire Transfer	B.	09/22/2014	$ 612.50	Campaign Signs
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
The Sanford Herald 208 St. Clair Ct. Sanford, NC 27330 919-708-9000		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 550.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Cash	A	10/08/2014	$ 550.00	Newspaper Advertising
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ 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	$ 1162.50
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)*	$ 1741.50

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)**

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In-Kind Contributions

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Chris Delambert	OGL127

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Chris Delambert 125 Friars Drive Sanford, NC 27330 919-353-3481	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 384.02

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Signs	08/28/2014	$ 285.02
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Stephen Scully 1102 Hawkins Ave Sanford, NC 27330 919-774-7446	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 202.50

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Bumper Decals Qty:84	9/15/2014	$ 202.50
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 586.52
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 586.52

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