# 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 |
|---|---|
| Committee to Elect Cathy Starnes | ODU584 |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Filed** |
| PO Box 11139<br>Hickory, NC 28603 | 12/31/2013 |
| | **e. Phone Number** |
| | 828-345-1580 |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2013 | 07/01/2013 | 12/31/2013 | Tasha A. Caulder |

**6. Type of Committee** (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

**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 |
|---|---|---|
| ☐ 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 | **10. Special Report Name** |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☒ Final | |
| | ☐ Special | |

**11. Account Information**

| a. Financial Institution Full Name | | |
|---|---|---|
| Peoples Bank | | |
| **b. Purpose** | **c. Account Code** | **d. Period Begin Balance** |
| Political Account | CJS | $ 347.26 |

**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.

Tasha A. Caulder — Printed Name of Signer

Tasha A. Caulder — Signature of Appointed Treasurer

12/31/2013 — Date

**FOR OFFICE USE ONLY**

Date Received:
Date Postmarked:
Date Scanned:
Date Data Entered:

RECEIVED
DEC 31 2013
By

Employee:
Employee:
Employee:
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.

# 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 |
|---|---|---|
| Committee to Elect Cathy Starnes | Final | ODU584 |

| Start of Election Cycle: January 1, 2013 | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ 347.26 | $ 347.26 |
| **RECEIPTS** | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | $ | $ |
| 6) Contributions from Individuals | (CRO-1210) | $ | $ |
| 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) | $ | $ |
| 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)* | | $ 347.26 | $ 347.26 |
| **EXPENDITURES** | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | $ 5.00 | $ 5.00 |
| 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) | $ 342.26 | $ 342.26 |
| 17) In-Kind Contributions | (CRO-1510) | $ | $ |
| 18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)* | | $ 347.26 | $ 347.26 |
| 19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)* | | $ 0.00 | $ 0.00 |
| **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-2200) | $ | $ |
| 28) Contributions to be Refunded | (CRO-1215) | $ | $ |

# Disbursements

Pg 1 of 1 | 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)**: Committee To Elect Cathy Starnes

**2. ID Number**: ODU584

**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 |
|---|---|---|---|---|
| Peoples Bank<br>PO Box 467<br>Newton, NC 28658 | | ☐ Federal ☐ County: ☐ State ☐ Municipality: | | $ 5.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| CJS | Withdrawal | O | 12/15/2013 | $5.00 | Service Charges |
| | | | | $ | |

**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 |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

**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** $ 5.00

**6. Total of ALL CRO-1310 Pages** $ 5.00

*(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)**

# Refunds/Reimbursements From the Committee



Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| *Committee to Elect Cathy Starnes* | ODU584 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Cathy Starnes<br>5900 Sulphur Springs Rd NE<br>Hickory, NC 28601 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 08/02/2012 |
| | e. Level Registered (Specify) | i. Original Receipt Amount |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | $ 85.00 |
| | f. Purpose Code | j. Election Sum to Date |
| | P | $ 1895.40 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Case Coordinator | NC Admin Office of the Courts | | CJS |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Check | Reimburse for Pencils | 12/17/2013 | $ 85.00 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Cathy Starnes<br>5900 Sulphur Springs Rd NE<br>Hickory, NC 28601 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 08/02/2012 |
| | e. Level Registered (Specify) | i. Original Receipt Amount |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | $ 104.93 |
| | f. Purpose Code | j. Election Sum to Date |
| | P | $ 1895.40 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Case Coordinator | NC Admin Office of the Courts | | CJS |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Check | Reimburse for Car Magnets | 12/17/2013 | $ 104.93 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Cathy Starnes<br>5900 Sulphur Springs Rd NE<br>Hickory, NC 28601 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 08/07/2012 |
| | e. Level Registered (Specify) | i. Original Receipt Amount |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | $ 10.69 |
| | f. Purpose Code | j. Election Sum to Date |
| | P | $ 1895.40 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Case Coordinator | NC Admin Office of the Courts | | CJS |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Withdrawal | Reimburse for Logo Name Badge | 12/17/2013 | $ 10.69 |

| | |
|---|---|
| **4. Total only this Page** | $ 200.62 |
| **5. Total of ALL CRO-1320 Pages** *(This line must be on line 16 of Detailed Summary Page CRO-1100)* | $ 342.26 |

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
**P* - Reimbursement of In-Kind O* Other**
*** Codes require detailed explanation in required remarks field (m)**

# Refunds/Reimbursements From the Committee



Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Committee to Elect Cathy Starnes | ODU584 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Cathy Starnes<br>5900 Sulphur Springs Rd NE<br>Hickory, NC 28601 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 09/27/2012 |
| | e. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | i. Original Receipt Amount<br>$ 71.02 |
| | f. Purpose Code<br>P | j. Election Sum to Date<br>$ 1895.40 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Case Coordinator | NC Admin Office of the Courts | | CJS |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Check | Reimburse for ink, & Misc. | ~~09/27/2012~~ 12/17/2013 | $ 71.02 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Cathy Starnes<br>5900 Sulphur Springs Rd NE<br>Hickory, NC 28601 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 08/10/2012 |
| | e. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | i. Original Receipt Amount<br>$ 3.22 |
| | f. Purpose Code<br>P | j. Election Sum to Date<br>$ 1895.40 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Case Coordinator | NC Admin Office of the Courts | | CJS |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Check | Reimburse for Stamps | 12/17/2013 | $ 3.22 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Cathy Starnes<br>5900 Sulphur Springs Rd NE<br>Hickory, NC 28601 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 07/10/2012 |
| | e. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | i. Original Receipt Amount<br>$ 100.00 |
| | f. Purpose Code<br>P | j. Election Sum to Date<br>$ 1895.40 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Case Coordinator | NC Admin Office of the Courts | | CJS |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Withdrawal | Reimburse to Zero Accout | 12/17/2013 | $ 67.40 |

| | |
|---|---|
| **4. Total only this Page** | $ 141.64 |
| **5. Total of ALL CRO-1320 Pages** *(This line must be on line 16 of Detailed Summary Page CRO-1100)* | $ 342.26 |

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
**P* - Reimbursement of In-Kind O* Other**
*** Codes require detailed explanation in required remarks field (m)**