Discl	osure	Report	Cover
~	obuit	report	CUYCI

Amendment ☐ Yes

Use this form for general repor	rt and committee information	n must be signed and si	☐ Yes ☑ No Ibmitted along with other detailed forms.
Do not use this form to update	information.	, must be signed and so	ibmitted along with other detailed forms.
1. Committee Information			
a. Full Name			c. ID Number
COMMITTEE TO ELECT BE	LIMBEL B. WILKINS, JR	FOR SHELLIF	WC VV 77
b. Mailing Address (include City, St	ate and Zip Code)	1000.00.	d. Date Filed
4195B FAIRPORT R	-D		01/12/2015
KITTRELL NC 275	544		e. Phone Number
			919-693-6403
2. Report Year 3. Period Star	rt Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer Full Name
2014 16/19/	2014 12	31/2014	MICHELLE A. SPIERS
6. Type of Committee (Check	One) 9. Type of R	eport (check only one	type of report from one category)
Candidate Campaign Pa	Municipal	State/County	Referendum
PAC Re Independent Expenditure Join	eferendum Organizatio		
Independent Expenditure Joi Legal Expense Fund			Pre-referendum
Legal Expense Fund	Pre-primary	Install	Final
7. Type of Fund (if applicable			Supplemental I mai
Booster Fund	Semi-annua	Third	
Building Fund	Semi-annua Mid Y	. Julian	- Special
	Year H	—	
Other:	☐ Final	Year I	10. opecial report Hame
8. Number of Fundraisers this		Final	End
Ø		Special	
	-		and the same of th
11. Account Information		11. Account Informa	ation
11. Account Information a. Financial Institution Full Name			
a. Financial Institution Full Name CAPITAL BANK		11. Account Informa	
a. Financial Institution Full Name	c. Account Code	11. Account Informa	
a. Financial Institution Full Name CAPITAL BANK		11. Account Information Financial Institution F	Full Name
a. Financial Institution Full Name CAPITAL BANK b. Purpose		11. Account Information Financial Institution F	Full Name
a. Financial Institution Full Name CAPITAL BANK b. Purpose	S BBWI	11. Account Information Financial Institution F	c. Account Code
a. Financial Institution Full Name CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE	d. Period Begin Balance \$ 1604.22	11. Account Information a. Financial Institution F	c. Account Code d. Period Begin Balance
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and correct in the Committee of Series and the Committee of Series and the Complete of Series and the Complete of Series and Seri	d. Period Begin Balance \$ (604-22_ and is in compliance with all appear no funds are commingled with all and that I have been trained because of the second	a. Financial Institution F b. Purpose blicable provisions of Artich prohibited or other non-	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 i-disclosed funds. I further certify that this Elections.
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct MICHELLE A . S PIE Printed Name of Sign FOR OFFICE USE ONLY	d. Period Begin Balance \$ 1604-22 and is in compliance with all approach to funds are commingled with all that I have been trained by the second sec	a. Financial Institution F b. Purpose b. Purpose plicable provisions of Article the prohibited or other noncover the NC State Board of F	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 a-disclosed funds. I further certify that this Elections.
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and correct in the Committee of Series and the Committee of Series and the Complete of Series and the Complete of Series and Seri	d. Period Begin Balance \$ (604-22_ and is in compliance with all appear no funds are commingled with all and that I have been trained because of the second	a. Financial Institution F b. Purpose b. Purpose b. Purpose plicable provisions of Article the prohibited or other non- by the NC State Board of E ignature of Appointed Treasure	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 a-disclosed funds. I further certify that this Elections. Lucy Delivery Method Normal Mail
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct MICHELLE A . S PIE Printed Name of Sign FOR OFFICE USE ONLY	d. Period Begin Balance \$ 1604.22 and is in compliance with all appear no funds are commingled with an and that I have been trained by the second se	a. Financial Institution F b. Purpose b. Purpose plicable provisions of Article the prohibited or other non- by the NC State Board of E ignature of Appointed Treasure.	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 a-disclosed funds. I further certify that this Elections.
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct MICHELE A . S PIE Printed Name of Sign FOR OFFICE USE ONLY Date Received:	d. Period Begin Balance \$ (604.22) and is in compliance with all appear no funds are commingled with an and that I have been trained by the second of the s	a. Financial Institution F b. Purpose b. Purpose plicable provisions of Article the prohibited or other non- by the NC State Board of F ignature of Appointed Treasur byee: oyee:	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 a-disclosed funds. I further certify that this Elections. Delivery Method Normal Mail Registered Mail
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and correct MICHELLE A SPIE Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	d. Period Begin Balance \$ 1604.22 and is in compliance with all appear no funds are commingled with an and that I have been trained by the second se	a. Financial Institution F b. Purpose b. Purpose plicable provisions of Article the prohibited or other non- by the NC State Board of F ignature of Appointed Treasur byee: byee: byee: byee:	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 a-disclosed funds. I further certify that this Elections. Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct MICHELE A SPIE Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form ca	d. Period Begin Balance \$ (604.22_ and is in compliance with all applied to another trained by the second	a. Financial Institution F b. Purpose b. Purpose plicable provisions of Article information such a provision of Article information such a provision of Experimental Control of Experimental Contro	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 I-disclosed funds. I further certify that this Elections. Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training as the committee address treasurer.
CAPITAL BANK b. Purpose ALL CAMPAIGN EXPENSE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct MICHELE A SPIE Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form ca	d. Period Begin Balance \$ 1604.22 and is in compliance with all appear no funds are commingled with an and that I have been trained by the second se	a. Financial Institution F b. Purpose b. Purpose plicable provisions of Article information such a provision of Article information such a provision of Experimental Control of Experimental Contro	c. Account Code d. Period Begin Balance \$ icle 22A, 22B & 22D-22M of Chapter 163 I-disclosed funds. I further certify that this Elections. Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training

NC State Board of Efections

CRO-1000

August 2008

Detailed Summary			Amendment
Use this form to summarize all disclosure reporting forms and	to total mo	onetary information	Yes No
1. Committee Full Name (and Fund if applicable)		. ID Number	
COMMITTEE TO ELECT BRINDER B. WILKINSJR	41746	DUARTERLY	NCVUZZ
Start of Election Cycle: January 1, 2014	•	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1604.22	\$ 79.70
RECEIPTS			1.10
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 24677.90
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$
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,1	1d and 11e)	\$ 1604.22	\$ 24677.90
EXPENDITURES			1611110
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1557.63	\$ 24631.31
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)	\$	\$
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	\$
9) Cash on Hand at End (Add lines 4 and 12 together, then subtractions	ract line 18)	\$ 46.59	\$ 46.59
ADDITIONAL INFORMATION			
	CRO-1330)	\$	
	CRO-1430)	\$	
	CRO-1610)	\$	
	CRO-1620)	\$	
	CRO-1720)	\$	
5) Administrative Support	CRO-1710)	\$	\$
	CRO-1440)	\$	\$
	CRO-2220)	\$	\$
8) Contributions to be Refunded (C	CRO-1215)	\$	\$

Disbursements	n			1	Amendment	FD3I	
Isa this form to man to the St.	Pg		of	1	☐ Yes	N N	0
Use this form to report expenditures from the committee for operating e	ynense	contr	butic	one to a	andidata/nal	1	

committees and coordinated party expenditures

1. Committee	Full Name (and Fun	d if applicable)				STEENING.	2. ID Number
COMMITTEE	TO ELECT BRING	ELL B. WILKI	NS JR	FOR SHER	C f		WC VU77
3. Type of Dist	oursement (Please	e use separate C				hurse	
Operating Exp	penses Cor	ntributions to Candid	lates/Polit	ical Committee	The same of the sa	-	ted Party Expenditures
4. Payee Inform			79	Add	Remove		
	Iailing Address & Ph	none		b. Coordina	ted Committee Nan	ne	d. Comments
(include city, state	200			-			
JF WEBB				c. Level Rea	istered (Specify)	_	
	BB SCHOOL RO			Federal	The state of the s	-	
50.7 - 0	NC 27565			State	Municip	0.000	e. Election Sum to Date
919-693	3 - 2.621						\$ 125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
BBWI	CHECK	Α	12/0	3/2014	\$ 125.00		D IN YEARBOOK
					\$		
4. Payee Inform	nation		V	Add	Remove		
	ing Address & Phone			b. Coordinat	ed Committee Nam	ie	d. Comments
(include city, sta	te, & zip)						
SPIRIT ST	OP						
P.O. BOX E				c. Level Regi	stered (Specify)	_	
GRAND PI	LAIRIE, TX 7503			State	County:	ality:	e. Election Sum to Date
1-877-	450-0155			State	Withhelp	anty.	250
f. Account Code	g. Form of Payment	h. Purpose Code	li n		1		\$ 420.13
BBWI			6.1		j. Amount	k. Re	quired Remarks
DUNG	CHECK	A	12/0	>5/2014	\$ 420.13	ADV	HERTISHIS AT SCHOOL
					\$		
4. Payee Inform	The state of the s			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	e (1. Comments
(include city, stat						- 1	
DAILY DISPE	atcy LESTHUT STREE	_		c Level Regis	stered (Specify)	\dashv	
304 S. CH	LESTHUT STREE	1		Federal	County:	\dashv	
HENDERSU	N NC 2763	6		State		ality: e	. Election Sum to Date
252-4	36-2823						\$ 1058.00
	g. Form of Payment	h. Purpose Code	l. n				1007
					j. Amount	-	quired Remarks
BBWI	CHECK	Α	12/0	2/2014	\$ 285.00	Ne	ews paper ad
					\$	1	
5. Total only thi	is Page						\$ \$30.13
6. Total of ALL	CRO-1310 Pages					1000	
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expense	rs)	MANAGE V	\$ 1557.63
(This line goes in	line 13b of Detailed Sum	mary Page CRO-11	00 if Cont	rib to Candida	tes/Political Comm)	\$ 13.1.
	line 13c of Detailed Sum				Expenditures)		
. Purpose Co	des (List detailed						
A* - Media	B* - Printin	-		ndraising			er Candidate
E - Salaries - Postage	F* - Equipn J - Penaltie			tical Party fice Expens			Public Office Expenses
O* Other	J - Pename	5	K* - O	nce Expens	ses Q* - Do	onatio	n to Legal Expense Fund
	detailed explanation	on in required r	emarks	field (k)			

bursemen	te
vuisemen	L

		Amendment						
Pg	2	of	2	☐ Yes	M No			

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee I	Full Name (and Fun	d if applicable)				2. ID Number		
COMMITTEE	TO EVEST BRIND	KLE B. WILKINS	JR. FUR	SHERI	LFF	WCVV77		
3. Type of Disb								
Operating Exp	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Disputation of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees (Coordinated Party Expenditures)							
4. Payee Inform	mation		☑ Add	-	Remove	ordinated Fact Expenditures		
	Iailing Address & Pho	one	b. Co	ordinat	ted Committee Nam	d. Comments		
(include city, state,	, & zip)	10 300						
STITCH-UI	FE EMBR. & SCR	iced PRINTING	- La La	-1 Deci				
108 ORK			c. Le	vel Regi Federal	istered (Specify) County:			
10 10 10 10 10 10 10 10 10 10 10 10 10 1	c 27581			State	Municipa	ality: e. Election Sum to Date		
	214-6823				•			
		T			_	\$ 145.00		
ŧ.	g. Form of Payment	h. Purpose Code	i. Date (mm/de		j. Amount	k. Required Remarks		
BBWI	CHECK	A	12/22/2	1014	\$ 145.00	ADULENSING (BANNERS)		
					\$			
4. Payee Inforn		是自然思想	⋥ Add		Remove			
	ing Address & Phone		b. Co	ordinate	ed Committee Name	e d. Comments		
(include city, stat								
	REEDMONR NEW	.5	c. Le	vel Regis	stered (Specify)	—		
PO BUX 7			-	Federal	County:			
418 N- MA	11N ST	919-528-	2393 🗖 5	State	Municipa	ality: e. Election Sum to Date		
CREED MOU	L NC 27522	1.1						
		le n	1		To ag	402.0		
		2	i. Date (mm/dd	1	j. Amount	k. Required Remarks		
BOWL	CHECK	A	(2/06/20	314	\$ 232.50	MASS 23230 NEWSPAPER		
					\$			
4. Payee Inform			☐ Add		Remove			
	ing Address & Phone		b. Coc	ordinate	ed Committee Name	e d. Comments		
(include city, state								
TRIANGE A	foueensing		c Lev	ol Pogis	stered (Specify)	_		
4107 KITT	ERING DRIVE			ederal	County:			
PURHAM I	NC 27713		□ s			dity: e. Election Sum to Date		
919-	.493-3663					\$ 2514.79		
		n Code						
			i. Date (mm/dd/		j. Amount	k. Required Remarks		
BBUSI	chell.	A	12/07/20	14	\$ 350.00	ADVERTANG		
					\$			
5. Total only thi	is Page					\$ 727.50		
6. Total of ALL	CRO-1310 Pages					12/10		
	line 13a of Detailed Sum	mary Page CRO-110	00 if Operating I	Expense:	s)	\$ 1557.63		
(This line goes in	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
	line 13c of Detailed Summ				Expenditures)			
7. Purpose Co	odes (List detailed e							
A* - Media	B* - Printing	-	C* - Fundra	•		Another Candidate		
E - Salaries I - Postage	F* - Equipm		G - Political			olding Public Office Expenses		
O* Other	J - Penalties	S)	K* - Office I	expens	es Q* - Do	onation to Legal Expense Fund		
	e detailed explanatio	on in required re	marks field	(k)				
700 1210		Annual Control of Cont	STATE OF THE OWNER, WHEN	Actual Contract of				