

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

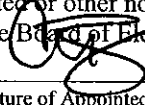
1. Committee Information	
a. Full Name CAMPAIGN TO ELECT BUCK KENNEDY	c. ID Number
b. Mailing Address (include City, State and Zip Code) 117 MONABREEZE WAY GARNER, NC 27529	d. Date Filed 1/26/12
Received JAN 30 2012 <i>Wake County Board of Elections</i>	
e. Phone Number 919-630-1441	

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 10/25/11	4. Period End Date (mm/dd/yy) 12/31/11	5. Treasurer Full Name CHRISTOPHER R BRUFFEY
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	9. Type of Report (check only one type of report from one category)																																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																			
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																			
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																			
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<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																			
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																			
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																				
<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																				
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																				
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																				
	<input type="checkbox"/> Special																																				
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	10. Special Report Name																																				
8. Number of Fundraisers this Report 0																																					

11. Account Information		11. Account Information	
a. Financial Institution Full Name NORTH STATE BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1957.18		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.

CHRISTOPHER R BRUFFEY  1/26/12
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>1-30-12</u>	Employee: <u>JH</u>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>1-27-12</u>	Employee: <u>JH</u>	
Date Scanned: _____	Employee: _____	
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.

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	
CAMPAIGN TO ELECT BUCK KENNEDY		SEMI-ANNUAL YEAR END			
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1957.18		\$ 905.04	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 155.00		
6) Contributions from Individuals	(CRO-1210)	\$ 360.40	\$ 10,210.40		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 100.00		
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)	\$	\$		
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)		\$ 410.40	\$ 10,465.40		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 579.03	\$ 9453.90		
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)	\$ 1782.09	\$ 1910.08		
17) In-Kind Contributions	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2361.12	\$ 11,363.98		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6.46	\$ 6.46		
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)	\$ 782.09	\$ 910.08		

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)						2. ID Number	
CAMPAIGN TO ELECT BUCK KENNEDY							
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		
BARRY PARTLO 435 HWY 42 E CLAYTON, NC 27520			PRESIDENT				
			c. Employer's Name/Specific Field				
			DIRECT DISTRIBUTORS INC		e. Election Sum to Date		
					\$ 850.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK			11/16/11	\$ 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		
GEORGE F. RUCKER JR. 108 SHORE DR GARNER, NC 27529			MEMBER MANAGER				
			c. Employer's Name/Specific Field				
			GFR PROPERTIES, LLC/ RESIDENTIAL RENTAL PROPERTY		e. Election Sum to Date		
					\$ 310.40		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK			11/29/11	\$ 160.40	
<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		
MAGDY SAAD 304 BRIARHAVEN CT GARNER, NC 27529			SELF EMPLOYED				
			c. Employer's Name/Specific Field				
			COMMERCIAL REAL ESTATE DEVELOPMENT		e. Election Sum to Date		
					\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK			11/29/11	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 360.40	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 360.40	

Disbursements

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
CAMPAIGN TO ELECT BUCK KENNEDY					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" 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)			b. Coordinated Committee Name		d. Comments
US POSTAL SERVICE 267 TIMBER DR GARNER, NC 27529					
			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
					\$ 459.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	I	10/27/11	\$6.43	MAIL CAMPAIGN REPORT
1	CHECK	I	10/31/11	\$132.00	PURCHASE STAMPS
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
CAMPAIGN CONNECTIONS 3141 JOHN HUMPHRIES WYND STE 136 RALEIGH, NC 27612					
			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
					\$ 8114.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	11/7/11	\$440.60	TELEPHONE VOTER CONTACT
				\$	
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					\$ 579.03
6. Total of ALL CRO-1310 Pages					\$ 579.03
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CAMPAIGN TO ELECT BUCK KENNEDY				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		11/15/11
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 702.60
		f. Purpose Code		j. Election Sum to Date
		O		\$ 830.59
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
RETIRED	THE WOOTEN CO.			1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	REIMBURSEMENT FOR ELECTION NIGHT RECEPTION FOOD		11/15/11	\$ 702.60
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/25/11
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 39.60
		f. Purpose Code		j. Election Sum to Date
		O		\$ 870.19
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
RETIRED	THE WOOTEN CO.			1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	REIMBURSEMENT FOR PURCHASE OF STAMPS		11/15/11	\$ 39.60
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/31/11
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 23.35
		f. Purpose Code		j. Election Sum to Date
		O		\$ 893.54
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
RETIRED	THE WOOTEN CO			1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	REIMBURSEMENT FOR PURCHASE OF ENVELOPES		11/15/11	\$ 23.35
4. Total only this Page				\$ 765.55
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1782.09
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

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CAMPAIGN TO ELECT BUCK KENNEDY				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/25/11
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 16.54
		f. Purpose Code		j. Election Sum to Date
		O		\$ 910.08
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
RETIRED	THE WOOTEN CO.			1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	REIMBURSEMENT FOR PURCHASE OF ENVELOPES		11/15/11	\$ 16.54
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/29/11
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1000.00
		f. Purpose Code		j. Election Sum to Date
		O		\$ 1910.08
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
RETIRED	THE WOOTEN CO.			1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	REIMBURSEMENT FOR CAMPAIGN CONTRIBUTION		11/15/11	\$ 1000.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
				1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
4. Total only this Page				\$ 1016.54
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1782.09
L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other N - Exceeded Contribution Limit				
* Codes require detailed explanation in required remarks field (m)				

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
CAMPAIGN TO ELECT BUCK KENNEDY			
3. Contributor Information <input type="checkbox"/>		Add: <input type="checkbox"/> Remove:	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
HARRIS TEETER 500 OBERLIN RD RALEIGH, NC 27605		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR ELECTION NIGHT RECEPTION	11/3/11	N	\$ 9.78
3. Contributor Information <input type="checkbox"/>		Add: <input type="checkbox"/> Remove:	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
LOWES FOODS 1845 AVERSBORO RD GARNER, NC 27529		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR ELECTION NIGHT RECEPTION	11/3/11	Y	\$ 50.05
3. Contributor Information <input type="checkbox"/>		Add: <input type="checkbox"/> Remove:	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
LOWES FOODS 1845 AVERSBORO RD GARNER, NC 27529		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR ELECTION NIGHT RECEPTION	11/5/11	Y	\$ 56.08
3. Contributor Information <input type="checkbox"/>		Add: <input type="checkbox"/> Remove:	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
LOWES FOODS 1845 AVERSBORO RD GARNER, NC 27529		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR ELECTINO NIGHT RECEPTION	11/8/11	Y	\$ 161.69
4. Total only this Page			\$ 277.60
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 782.09

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
CAMPAIGN TO ELECT BUCK KENNEDY			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
VELVET S LEGGETTE 6225 HAMPTON RIDGE RD RALEIGH, NC 27603		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR ELECTION NIGHT RECEPTION	11/8/11	N	\$ 300.00
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CHEESECAKE PLUS 318 WHITHORNE DR GARNER, NC 27529		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR ELECTION NIGHT RECEPTION	11/8/11	N	\$ 125.00
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
US POST OFFICE 267 TIMBER DR GARNER, NC 27529		BUC K KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
STAMPS	10/25/11	Y	\$ 39.60
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
OFFICEMAX 2580 TIMBER DR GARNER, NC 27529		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ENVELOPES	10/31/11	Y	\$ 23.35
4. Total only this Page			\$ 487.95
5. Total of ALL CRO-1215 Pages			\$ 782.09
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
CAMPAIGN TO ELECT BUCK KENNEDY			
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
STAPLES 250 SHENSTONE LN GARNER, NC 27529		BUCK KENNEDY 121 MONABREEZE WAY GARNER, NC 27529	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ENVELOPES	10/25/11	N	\$ 16.54
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page			\$ 16.54
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 782.09