

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number
FRIENDS OF MICHELLE MUIR						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/19/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/23/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/28/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/29/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	O	07/29/2011	\$ 40.00	LUNCH AND LEARN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check	O	07/25/2011	\$ 10.00	FILING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/19/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
4. Total only this Page					\$	69.14
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	397.23
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 2

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	
FRIENDS OF MICHELLE MUIR					
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		g. Comments
ANTHONY BRUNO 107 LANDSER CT CARY, NC 27519			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/28/2011
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
RETIRED					L
					j. Election Sum to Date
					\$ 25.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
M	Draft			07/08/2011	\$ 25.00
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		g. Comments
ANTHONY BRUNO 107 LANDSER CT CARY, NC 27519			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/28/2011
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
RETIRED					L
					j. Election Sum to Date
					\$ 25.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
M	Electronic Funds Tra			07/08/2011	\$ 25.00
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		g. Comments
VIRGINIA HUFF 105 ROSENBERRY HILLS RD CARY, NC 27513			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/23/2011
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
REGISTRATION AND MEMBERSHIP SPECIALIST					P
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
M	Check	FOOD FOR MEET AND GREET PICNIC		07/27/2011	\$ 48.81
4. Total only this Page					\$ 98.81
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 223.45
6. Purpose Codes (List detailed disbursement code in (f) above)					
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 Pg 2 of 2

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	
FRIENDS OF MICHELLE MUIR				
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		g. Comments
MICHELLE MUIR 1423 DEBRA DRIVE CARY, NC 27511		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		08/10/2011
				i. Original Receipt Amount
				\$ 124.64
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
PRESIDENT		P		\$ 494.65
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
M	Check	REFUND PERSONAL EXPENDITURES MADE FOR COMMITTEE	08/21/2011	\$ 124.64
4. Total only this Page				\$ 124.64
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 223.45
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit				
P* - Reimbursement of In-Kin O* Other				
* Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
FRIENDS OF MICHELLE MUIR			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
MICHELLE MUIR 1423 DEBRA DRIVE CARY, NC 27511		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 494.65	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
7/11 - APEX PEAK MEETING8/7 - MEET AND GREET DINNER8/9 - LUNCH MEETING WITH GOODTREE8/6 - HARWARE FOR BANNER8/10 - INTERN		08/10/2011	\$ 124.64
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DEBBIE TOMASKO 102 WOODARBOR CT CARY, NC 27513		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 321.51	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PICNIC SUPPLIES, OFFICE SUPPLIES, SHIPPING CHARGES, SNACKS FOR VOLUNTEERS, COPIES (VARIOUS DATES - IN-KIND LIST PROVIDED 9/3)		08/30/2011	\$ 311.51
			\$
			\$
4. Total only this Page		\$ 436.15	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 436.15	