

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
FRIENDS OF MICHELLE MUIR						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
KREATIVE CONCEPTS LLC 744 E CHATHAM ST SUITE L CARY, NC 27511						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 80.06	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
M	Debit Card	O	08/10/2011	\$ 80.06	BLUE CAMPAIGN	
				\$	BUTTONS	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
LOGO JOE'S DESIGN WORLD 1375 SE MAYNARD RD CARY, NC 27511						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 559.54	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
M	Debit Card	O	07/29/2011	\$ 61.70	CAMPAIGN HATS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
MID PINES INN 1010 MIDLAND ROAD SOUTHERN PINES, NC 28387						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 135.24	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
M	Debit Card	O	07/21/2011	\$ 135.24	HOTEL FOR STATE	
				\$	CHAMBER OF	
<b>Total only this Page</b>					\$ 277.00	
<b>Total of ALL CRO-1310 Pages</b>					\$ 4,480.79	
<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>						
<b>Purpose Codes (Use detailed expenditure code in (h) above)</b>						
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						
<b>5. Remarks (Require detailed explanation in required remarks field (k))</b>						

# Disbursements

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

Committee Full Name (and Fund if applicable)						2. ID Number
FRIENDS OF MICHELLE MUIR						
Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
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
ALPHAGRAPHSICS 301 ASHVILLE AVE STE 121 CARY, NC 27518				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
						\$ 303.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	B	07/18/2011	\$ 152.51	REMITTANCE	
M	Debit Card	AB	08/30/2011	\$ 151.13	ENVELOPES REMITTANCE ENVELOPES	
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
DANNY'S BBQ 311 ASHVILLE #G CARY, NC 27518				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
						\$ 735.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Debit Card	C	08/19/2011	\$ 735.00	FOOD FOR FUNDRAISING DINNER	
				\$		
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
HIBERNIAN 1144 KILDAIRE FARM ROAD CARY, NC 27511				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
						\$ 57.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Debit Card	O	08/18/2011	\$ 57.02	CAMPIAGN DINNER	
				\$		
5. Total only this Page						\$ 1,095.66
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)						\$ 4,480.79
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						
Require detailed explanation in required remarks field (k)						

# Disbursements

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

<b>1. Disbursement Name (and Fund if applicable)</b>	<b>2. ID Number</b>
FRIENDS OF MICHELLE MUIR	

<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
<b>4. Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		

<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> CHATHAM STREET CAFE 140 E CHATHAM ST CARY, NC 27511	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b>	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b>	
	\$ 326.25	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
M	Debit Card	CO	08/16/2011	\$ 326.25	FOOD FOR DOWNTOWN MEET AND GREET
				\$	

<b>5. Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> GRAND RENTAL STATION 115 WOODWINDS INDUSTRIAL CT CARY, NC 27511	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b>	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b>	
	\$ 81.13	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
M	Debit Card	CO	08/19/2011	\$ 81.13	TABLE AND CHAIR RENTAL - FUNDRAISING
				\$	

<b>6. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> PRESTON FLOWERS 1848 BOULDERSTONE WAY CARY, NC 27519	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b>	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b>	
	\$ 90.90	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
M	Debit Card	CO	08/18/2011	\$ 90.90	FLORAL DECORATION FOR FUNDRAISING
				\$	

<b>Total on this Page</b>	\$ 498.28
<b>Total ALL CRO-1310 Pages</b>	
<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>	
	\$ 4,480.79

<b>7. Expense Codes (On detailed expenditure code in (b) above)</b>			
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>
<b>O* Other</b>			
<i>Codes require detailed explanation in required remarks field (k)</i>			

# Disbursements

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

Committee Name (and for affiliated)						Z-ID Number	
FRIENDS OF MICHELLE MUIR							
Type of Disbursement (Check one and/or CRO-1100 if multiple of Disbursements)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<input type="checkbox"/> Add <input type="checkbox"/> Amend <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CARY CHAMBER OF COMMERCE 307 NORTH ACADEMY ST CARY, NC 27513							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
M	Debit Card	O	07/13/2011	\$ 300.00	STATE CONFERENCE		
				\$	FEES		
Total for this page						\$ 300.00	
Total of all CRO-1100 pages						\$ 4,480.79	
<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>							
Purpose Codes (List detailed expenditure code from 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							
Provide detailed explanation in required remarks field (k)							

# Aggregated Non-Media Expenditures

**Amendment**  
 Yes  No

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

FRIENDS OF MICHELLE MUIR						
CANDIDATE						
	Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Remarks (g)
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/16/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/17/2011	\$ 11.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/09/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/09/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/11/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/11/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/12/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/09/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/15/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/09/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/16/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/16/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/16/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/16/2011	\$ 3.60	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/17/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	07/13/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/12/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	07/14/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	07/15/2011	\$ 0.54	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	07/23/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
Total only this Page					\$	63.81
Total of All CRO-1315 Pages					\$	397.23
* Codes require detailed explanation in required remarks field (g)						
E - Salaries		B* - Printing		G - Political Party		D - To Another Candidate
O* - Other		J - Penalties				Q* - Donations to Legal Expense Fund

# Aggregated Non-Media Expenditures

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

FRIENDS OF MICHELLE MUIR						
Line Information						
a. Line	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	08/09/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/17/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/06/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/07/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/07/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/08/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/08/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	B	07/31/2011	\$ 38.89	CAMPAIGN BANNER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/17/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	O	08/07/2011	\$ 37.60	CAMPAIGN DINNER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	O	08/10/2011	\$ 47.86	LUNCH FOR CAMPAIGN INTERNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	O	07/28/2011	\$ 12.00	EMBROIDRY FOR SHIRTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/06/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	O	08/19/2011	\$ 35.00	EMAIL MANAGEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Debit Card	O	08/25/2011	\$ 21.35	CANIDATE NAMETAGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/03/2011	\$ 0.54	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	07/18/2011	\$ 35.00	EMAIL MANAGEMENT
<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	08/17/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electronic Funds Tra	O	08/18/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
Total only this Page					\$	264.28
Total of ALL CRO-1315 Pages					\$	397.23
* Codes require detailed explanation in required remarks field (g)						
E - Salaries		B* - Printing		D - To Another Candidate		
O* - Other		J - Penalties		Q* - Donations to Legal Expense Fund		
		G - Political Party				

# Aggregated Non-Media Expenditures

**Amendment**  
 Yes  No

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

FRIENDS OF MICHELLE MUIR														
Information														
	Contributor Code	Form of Payment	Deposit Code	Date (mm/dd/yyyy)	Amount	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								
Total on this Page					\$	69.14								
Total of ALL CRO-1315 Pages					\$	397.23								
<table border="0"> <tr> <td><b>B* - Printing</b></td> <td><b>D - To Another Candidate</b></td> </tr> <tr> <td><b>E - Salaries</b></td> <td><b>G - Political Party</b></td> </tr> <tr> <td><b>J - Penalties</b></td> <td><b>Q* - Donations to Legal Expense Fund</b></td> </tr> <tr> <td><b>O* - Other</b></td> <td></td> </tr> </table>							<b>B* - Printing</b>	<b>D - To Another Candidate</b>	<b>E - Salaries</b>	<b>G - Political Party</b>	<b>J - Penalties</b>	<b>Q* - Donations to Legal Expense Fund</b>	<b>O* - Other</b>	
<b>B* - Printing</b>	<b>D - To Another Candidate</b>													
<b>E - Salaries</b>	<b>G - Political Party</b>													
<b>J - Penalties</b>	<b>Q* - Donations to Legal Expense Fund</b>													
<b>O* - Other</b>														
* 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

Committee Full Name (and fund if applicable)				2. ID Number	
FRIENDS OF MICHELLE MUIR					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
ANTHONY BRUNO 107 LANDSER CT CARY, NC 27519			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Receipt Date</b> 05/28/2011
			<b>i. Original Receipt Amount</b> \$ 25.00		
<b>b. Job Title/Profession</b> RETIRED		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b> L	
				<b>j. Election Sum to Date</b> \$ 25.00	
<b>k. Account Code</b> M	<b>l. Form of Payment</b> Draft	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b> 07/08/2011	<b>o. Amount</b> \$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
ANTHONY BRUNO 107 LANDSER CT CARY, NC 27519			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Receipt Date</b> 05/28/2011
			<b>i. Original Receipt Amount</b> \$ 25.00		
<b>b. Job Title/Profession</b> RETIRED		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b> L	
				<b>j. Election Sum to Date</b> \$ 25.00	
<b>k. Account Code</b> M	<b>l. Form of Payment</b> Electronic Funds Tra	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b> 07/08/2011	<b>o. Amount</b> \$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
VIRGINIA HUFF 105 ROSEBERRY HILLS RD CARY, NC 27513			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Receipt Date</b> 06/23/2011
			<b>i. Original Receipt Amount</b> \$ 48.81		
<b>b. Job Title/Profession</b> REGISTRATION AND MEMBERSHIP SPECIALIST		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b> P	
				<b>j. Election Sum to Date</b> \$ 0.00	
<b>k. Account Code</b> M	<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> FOOD FOR MEET AND GREET PICNIC		<b>n. Date (mm/dd/yyyy)</b> 07/27/2011	<b>o. Amount</b> \$ 48.81
<b>Total only this Page</b>					\$ 98.81
<b>Total of ALL CRO-1320 Pages</b> (This total is on line 15 of Detailed Summary Page CRO-1100)					\$ 223.45
<b>Codes:</b> C (1) - List detailed disbursement code in (d) 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

Committee Full Name (and Fund if applicable)		ID Number		
FRIENDS OF MICHELLE MUIR				
<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)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		08/10/2011
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				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
Total of this Page				\$ 124.64
Total of all Pages				\$ 223.45
L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit P* - Reimbursement of In-Kind    O* Other				
* - Require detailed explanation in required remarks field (m)				

# 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 Name (and Fund if applicable)		2. ID Number	
FRIENDS OF MICHELLE MUIR			
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
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	
			d. Election Sum to Date
			\$ 494.65
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
7/11 - APEX PEAK MEETING/8/7 - MEET AND GREET DINNER/8/9 - LUNCH MEETING WITH GOODTREE/8/6 - HARWARE FOR BANNER/8/10 - INTERN		08/10/2011	\$ 124.64
			\$
			\$
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
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	
			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			\$ 436.15
(This total also appears on the 17 of Detailed Summary page CRO-1100)			