

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 FRIENDS OF MICHELLE MUIR			c. ID Number
b. Mailing Address (include City, State and Zip Code) 109 CANYON RUN CARY, NC 27513			d. Date Filed 10/27/2011
			e. Phone Number (919) 380-9218
2. Report Year 2011	3. Period Start Date (mm/dd/yy) 07/01/2011	4. Period End Date (mm/dd/yy) 08/30/2011	5. Treasurer Full Name DAVID FORVENDEL
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name	
3. Account Information		3. Account Information	
a. Financial Institution Full Name WACHOVIA		a. Financial Institution Full Name	
b. Purpose CAMPAIGN CONTRIBUTIONS AND EXPENSES	c. Account Code M	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2,019.78		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			
Printed Name of Signer		Signature of Appointed Treasurer	Date 10/27/2011
FOR OFFICE USE ONLY			
Date Received:	10-31-11	Employee:	JLM
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
			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
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	
FRIENDS OF MICHELLE MUIR		2011 Thirty-five-day			
Start of Election Cycle: January 1, 2011			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,019.78		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>	\$ 1,224.00		\$ 2,533.81
6) Contributions from Individuals		<i>(CRO-1210)</i>	\$ 6,291.15		\$ 12,698.91
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>	\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>	\$ 0.00		\$ 500.00
9) Loan Proceeds		<i>(CRO-1410)</i>	\$ 0.00		\$ 0.00
10) Refunds/Reimbursements to the Committee		<i>(CRO-1240)</i>	\$ 0.00		\$ 0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>	\$ 0.00		\$ 0.00
11b) Contributions from Not-For-Profit Organizations		<i>(CRO-1250)</i>	\$ 0.00		\$ 0.00
11c) Outside Sources of Income		<i>(CRO-1250)</i>	\$ 0.00		\$ 0.00
11d) Legal Expense Fund - Other Sources		<i>(CRO-1270)</i>	\$ 0.00		\$ 0.00
11e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>	\$ 0.00		\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 7,515.15		\$ 15,732.72
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>	\$ 4,480.79		\$ 6,824.04
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>	\$ 0.00		\$ 95.00
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>	\$ 0.00		\$ 0.00
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>	\$ 397.23		\$ 792.09
15) Loan Repayments		<i>(CRO-1420)</i>	\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee		<i>(CRO-1320)</i>	\$ 223.45		\$ 1,266.56
17) In-Kind Contributions		<i>(CRO-1510)</i>	\$ 436.15		\$ 2,757.72
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 5,537.62		\$ 11,735.41
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 3,997.31		\$ 3,997.31
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>	\$ 0.00		
22) Debts and Obligations owed by the Committee		<i>(CRO-1610)</i>	\$ 0.00		
23) Debts and Obligations owed to the Committee		<i>(CRO-1620)</i>	\$ 0.00		
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>	\$ 0.00		
25) Administrative Support		<i>(CRO-1710)</i>	\$ 0.00		\$ 0.00
26) Forgiven Loans		<i>(CRO-1440)</i>	\$ 0.00		\$ 0.00
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>	\$ 0.00		\$ 0.00
28) Contributions to be Refunded		<i>(CRO-1215)</i>	\$ 0.00		\$ 0.00

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF MICHELLE MUIR						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/06/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/12/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/22/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		07/14/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/16/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/19/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/18/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/09/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/18/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/17/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/17/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		07/15/2011	\$ 12.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/18/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/12/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		07/23/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/19/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/29/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/07/2011	\$ 50.00	
4. Total only this Page					\$ 837.00	
5. Total of ALL CRO-1205 Pages					\$ 1,224.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF MICHELLE MUIR						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/18/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/06/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/03/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/28/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check		08/04/2011	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/02/2011	\$ 12.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/09/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/08/2011	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Credit Card		08/16/2011	\$ 50.00	
4. Total only this Page					\$ 387.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,224.00	

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
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. Job Title/Profession		d. Comments	
STEVEN ARMSTRONG 1520 KILARNEY DR CARY, NC 27511			VICE PRESIDENT			
			c. Employer's Name/Specific Field			
			VIDA GROUP INTL		e. Election Sum to Date	
				\$ 175.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/08/2011	\$ 75.00	
<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	
MICHAEL BEEZLEY 121 SHIRLEY DR CARY, NC 27511			ENGINEER			
			c. Employer's Name/Specific Field			
			APOGEE CONSULTING GROUP, P.A.		e. Election Sum to Date	
				\$ 600.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		07/16/2011	\$ 100.00	
<input type="checkbox"/>	M	Check		08/11/2011	\$ 100.00	
<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	
CATHERINE BLONSHINE 103 BONNIEWOOD DR CARY, NC 27518			HOMEMAKER			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/17/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,291.15	

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	
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. Job Title/Profession		d. Comments	
IVAN BOWMAN 102 FERN BLUFF WAY CARY, NC 27518				RETIRED			
				c. Employer's Name/Specific Field			
				IBM			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	M	Check		08/25/2011		\$ 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	
PAUL BRUNSWICK 123 LIONS GATE DR CARY, NC 27518				EXCUTIVE CONSULTANT - RETIRED			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	M	Check		07/29/2011		\$ 100.00	
<input type="checkbox"/>	M	Check		07/29/2011		\$ 100.00	
<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	
ZAN BUNN 107 ESPLANADE CT CARY, NC 27511				CONSULTING			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						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 checked="" type="checkbox"/>	M	Credit Card		06/30/2011		\$ 50.00	
<input type="checkbox"/>	M	Credit Card		08/17/2011		\$ 250.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,291.15	

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
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. Job Title/Profession		d. Comments	
DAVID BURNETT 906 VICKIE DR CARY, NC 27511			SMALL BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			DAVE'S ROOF REPAIR			
					e. Election Sum to Date	
					\$ 950.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		08/22/2011	\$ 950.00	
<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	
JOHN CALHOUN 205 BEACHERS BROOK LANE CARY, NC 27511			ENGINEER			
			c. Employer's Name/Specific Field			
			APOGEE COUNSULTING GROUP, PA			
					e. Election Sum to Date	
					\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/16/2011	\$ 125.00	
<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	
DANIEL CHANG 216 BOLTSTONE CT CARY, NC 27513			ENGINEER			
			c. Employer's Name/Specific Field			
			NETAPP			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		07/13/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,175.00	
5. Total of ALL CRO-1210 Pages					\$ 6,291.15	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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
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. Job Title/Profession		d. Comments	
WILLIAM CLARK JR 514 AUTUMNGATE DRIVE CARY, NC 27518			ENGINEER			
			c. Employer's Name/Specific Field			
			DIVERSIFIED CONSULTING GROUP, PLLC			
					e. Election Sum to Date	
					\$ 375.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/18/2011	\$ 125.00	
<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	
DALE COOKE 4017 SUMMER BROOK DR APEX, NC 27539			PRESIDENT/CEO			
			c. Employer's Name/Specific Field			
			MCH SYSTEMS, INC.			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/16/2011	\$ 80.00	
<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	
JAMES DUNCAN 662 ROYAL SUNSET DR DURHAM, NC 27713			RETIRED			
			c. Employer's Name/Specific Field			
			COMDISCO			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		08/07/2011	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 405.00	
5. Total of ALL CRO-1210 Pages					\$ 6,291.15	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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
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. Job Title/Profession		d. Comments	
KATHLEEN DUSTO 105 WITHWYNDLE CT CARY, NC 27518			TEACHER			
			c. Employer's Name/Specific Field			
			ST. MARY MAGDALENE CATHOLIC SCHOOL		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/16/2011	\$ 50.00	
<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	
LISA FRANTZ 706 EAST CORNWALL ROAD CARY, NC 27511			SMALL BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			FRANTZ AUTOMOTIVE / ROSEDOWN WEDDINGS		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		08/19/2011	\$ 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	
MARGARET GREER 404 MILLSFIELD DR CARY, NC 27519			ASSOCIATE DIRECTOR OF ADMISSIONS			
			c. Employer's Name/Specific Field			
			MEREDITH COLLEGE		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		07/10/2011	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,291.15	

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	
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. Job Title/Profession		d. Comments	
IAN HENSHAW 106 OLD ROCKHAMPTON LN CARY, NC 27513				BUSINESS OWNER			
				c. Employer's Name/Specific Field OAKHAVEN RESEARCH			
				e. Election Sum to Date			
				\$		225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	M	Check		08/02/2011		\$ 100.00	
<input type="checkbox"/>	M	Check		08/02/2011		\$ 100.00	
<input type="checkbox"/>	M	Credit Card		08/09/2011		\$ 25.00	
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	
LAIRD HEPBURN 1002 GROGAND MILL DR CARY, NC 27519				FINANCIAL CONSULTANT			
				c. Employer's Name/Specific Field AXA FINANCIAL PROTECTION			
				e. Election Sum to Date			
				\$		125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	M	Check		08/14/2011		\$ 125.00	
<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	
PATRICIA HILLIARD 6840 GREYSTONE DR RALEIGH, NC 27615				HOMEMAKER			
				c. Employer's Name/Specific Field NONE			
				e. Election Sum to Date			
				\$		125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	M	Check		08/13/2011		\$ 25.00	
<input type="checkbox"/>	M	Check		08/29/2011		\$ 100.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 475.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 6,291.15	

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
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. Job Title/Profession		d. Comments	
DONALD HYATT 101 PARKSIDE CT CARY, NC 27519			MANAGER			
			c. Employer's Name/Specific Field			
			IBM		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/19/2011	\$ 25.00	
<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	
SCOTT KIMBROUGH 119 HUNTSMORE LANE CARY, NC 27513			PHARMACIST			
			c. Employer's Name/Specific Field			
			REX HEALTHCARE		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Credit Card		08/17/2011	\$ 125.00	
<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	
WILLIAM LAWSON 8737 CASTLEBERRY ROAD APEX, NC 27523			CEO			
			c. Employer's Name/Specific Field			
			PRACTICE SYNC, INC.		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	Check		08/19/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,291.15	