

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	
JAMES LUTZ 902 GREENWOOD CIRCLE CARY, NC 27511				REAL ESTATE			
				c. Employer's Name/Specific Field			
				HOME SIDE REALTY		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		08/05/2011		\$ 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	
CURT MASON 3735 SUMMIT POINT RD CHARLES TOWN, WV 25414				NONE			
				c. Employer's Name/Specific Field			
				UNEMPLOYED		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	Debit Card		08/11/2011		\$ 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	
M. DOUGLAS MCLAMB 103 AYR CT. CARY, NC 27511				INVESTMENT EXECUTIVE			
				c. Employer's Name/Specific Field			
				DAVENPORT AND COMPANY		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"/>	M	Check		07/25/2011		\$ 250.00	
<input type="checkbox"/>	M	Credit Card		08/15/2011		\$ 50.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 500.00	
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	
SHANNA MIDDLETON 126 WEST CHATHAM ST CARY, NC 27511			REALTOR/INTERIOR DESIGNER			
			c. Employer's Name/Specific Field			
			REAL-ESTAGE/DESIGNED TO BE SOLD		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		08/09/2011	\$ 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	
MICHELLE MUIR 1423 DEBRA DRIVE CARY, NC 27511			PRESIDENT			
			c. Employer's Name/Specific Field			
			THE SPOKEN IMAGE		e. Election Sum to Date	
					\$ 494.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	M	In-Kind	7/11 - APEX PEAK MEETING	08/10/2011	\$ 124.64	
<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	
DONALD NAIL 119 BRANNIGAN PL CARY, NC 27511			MANAGER			
			c. Employer's Name/Specific Field			
			NC DOT		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"/>					\$	
4. Total only this Page					\$ 374.64	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,291.15	

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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	
JEANETTE RAFETTO 216 LAKE BRANDT DR CARY, NC 27519			HOMEMAKER			
			c. Employer's Name/Specific Field			
			N/A		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		08/04/2011	\$ 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	
ARTHUR ROEDE 200 ARDEN CREST COURT CARY, NC 27513			SAFETY/HEALTH CONSULTANT			
			c. Employer's Name/Specific Field			
			WELWYN ASSOCIATES, LLC		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		08/23/2011	\$ 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	
VICTORIA SHARPE 201 ROSSELLINI PLACE CARY, NC 27518			UROLOGIST			
			c. Employer's Name/Specific Field			
			ASSOCIATION OF UROLOGIST OF NC		e. Election Sum to Date	
					\$ 75.00	
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		08/07/2011	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
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
CHARLES R SMITH JR 119 BARCLIFF TERR CARY, NC 27518				ARCHITECT		
				c. Employer's Name/Specific Field		
				WITHERS & RAVENEL		
						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"/>	M	Check		07/02/2011	\$ 300.00	
<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 STAM 714 HUNTER ST APEX, NC 27502				ATTORNEY		
				c. Employer's Name/Specific Field		
				STAM & DANCHI, PLLC		
						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	Check		08/25/2011	\$ 150.00	
<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
A CRAIG STEPHENSON 111 PRESTON GRANDE WAY MORRISVILLE, NC 27560				BUSINESS PERSON		
				c. Employer's Name/Specific Field		
				CARY OIL, INC.		
						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		07/21/2011	\$ 600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,050.00
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) FRIENDS OF MICHELLE MUIR	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DENISE STETTER 114 NORMANDEALE CIRCLE CARY, NC 27513	b. Job Title/Profession ENTREPRENEUR	d. Comments
	c. Employer's Name/Specific Field SELF	
		e. Election Sum to Date \$ 75.00

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		08/09/2011	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBBIE TOMASKO 102 WOODARBOR CT CARY, NC 27513	b. Job Title/Profession HOUSEWIFE	d. Comments
	c. Employer's Name/Specific Field SELF	
		e. Election Sum to Date \$ 321.51

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	Check		04/13/2011	\$ 10.00
<input type="checkbox"/>	M	In-Kind	PICNIC SUPPLIES, OFFICE SUPPLIES,	08/30/2011	\$ 311.51
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) LIZA WEIDLE 106 MARQUETE DR CARY, NC 27513	b. Job Title/Profession WRITER	d. Comments
	c. Employer's Name/Specific Field SELF-EMPLOYED	
		e. Election Sum to Date \$ 75.00

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		08/11/2011	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 461.51

5. Total of ALL CRO-1210 Pages \$ 6,291.15
(This line must be on line 6 of Detailed Summary Page CRO-1100)

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	
CATHY WRIGHT 51315 EASTCHURCH CHAPEL HILL, NC 27517			RETIRED			
			c. Employer's Name/Specific Field			
			EDUCATION			
					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 checked="" type="checkbox"/>	M	Check		04/07/2011	\$ 50.00	
<input type="checkbox"/>	M	Check		08/07/2011	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 50.00	
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	

Disbursements

Amendment

Pg 4 of 5 Yes No

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
FRIENDS OF MICHELLE MUIR						
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
MID PINES INN 1010 MIDLAND ROAD SOUTHERN PINES, NC 28387				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:		
				\$		135.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Debit Card	O	07/21/2011	\$ 135.24	HOTEL FOR STATE	
				\$	CHAMBER OF	
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
MY CAMPAIGN STORE PO BOX 596 JEFFERSONVILLE, IN 47131-0596				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:		
				\$		1,668.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Debit Card	BO	07/26/2011	\$ 1,277.00	YARD SIGNS AND	
M	Debit Card	BO	08/01/2011	\$ 391.18	FRAMES CAMPAIGN FANS	
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
NORTHERN WAKE REPUBLICAN CLUB PO BOX 80423 RALEIGH, NC 27623				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				\$		125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Debit Card	O	08/18/2011	\$ 125.00	TABLE SPONSORSHIP	
				\$		
5. Total only this Page						\$ 1,928.42
6. Total of ALL CRO-1310 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>						
7. 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						
* Codes 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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS OF MICHELLE MUIR					
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) PRESTON FLOWERS 1848 BOULDERSTONE WAY CARY, NC 27519			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
					\$ 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
5. Total only this Page					\$ 90.90
6. Total of ALL CRO-1310 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>					
7. 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					
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

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

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	Electric Funds Tran	O	07/18/2011	\$ 35.00	EMAIL MANAGEMENT
<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	Debit Card	O	08/10/2011	\$ 47.86	LUNCH FOR CAMPAIGN INTERNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	07/13/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	07/14/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	07/15/2011	\$ 0.54	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	07/23/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/03/2011	\$ 0.54	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/06/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/06/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/07/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/07/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/08/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/08/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/09/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/09/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/09/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/09/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/09/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
4. Total only this Page					\$	176.33
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	397.23
B* - Printing		D - To Another Candidate				
E - Salaries		G - Political Party				
J - Penalties		Q* - Donations to Legal Expense Fund				
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Aggregated Non-Media Expenditures

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

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	Electric Funds Tran	O	08/11/2011	\$ 3.38	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/11/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/12/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/12/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/15/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/16/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/16/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/16/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/16/2011	\$ 3.60	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/16/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/17/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/17/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/17/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/17/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/17/2011	\$ 11.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/18/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/18/2011	\$ 5.63	ONLINE CREDIT CARD PROCESSING

4. Total only this Page \$ 71.14

5. Total of ALL CRO-1315 Pages \$ 397.23
(This line must be on line 14 of Detailed Summary Page CRO-1100)

E - Salaries	B* - Printing	G - Political Party	D - To Another Candidate
O* - Other	J - Penalties	Q* - Donations to Legal Expense Fund	

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

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

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	Electric Funds Tran	O	08/19/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/19/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/19/2011	\$ 1.13	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/23/2011	\$ 4.50	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/28/2011	\$ 2.25	ONLINE CREDIT CARD PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Electric Funds Tran	O	08/29/2011	\$ 1.13	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	07/28/2011	\$ 12.00	EMBROIDRY FOR SHIRTS
<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	Debit Card	B	07/31/2011	\$ 38.89	CAMPAIGN BANNER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M	Check	O	07/25/2011	\$ 10.00	FILING FEE

4. Total only this Page \$ 149.76

5. Total of ALL CRO-1315 Pages \$ 397.23
(This line must be on line 14 of Detailed Summary Page CRO-1100)

B* - Printing	D - To Another Candidate
E - Salaries	G - Political Party
J - Penalties	Q* - Donations to Legal Expense Fund
O* - Other	

* 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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/28/2011
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED		IBM		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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/28/2011
					i. Original Receipt Amount
					\$ 25.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED		IBM		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	Electric Funds Tran			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 ROSEBERRY 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)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/23/2011
					i. Original Receipt Amount
					\$ 48.81
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
REGISTRATION AND MEMBERSHIP SPECIALIST		RCI INC.		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-Kin 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	THE SPOKEN IMAGE	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

Amendment
Pg 1 of 1 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 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	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		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	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 (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	436.15