

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	
Effective Education Fund		FINAL SEMI ANNUAL		1	
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 704.40		\$ 704.40	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 0	\$ 0	\$ 0
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0	\$ 0	\$ 0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0	\$ 0	\$ 0
11d) Legal Expense Fund -- Other Sources	(CRO-1270)	\$ 0	\$ 0	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0	\$ 0	\$ 0	\$ 0
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 604.40	\$ 604.40	\$ 604.40	\$ 604.40
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 704.40	\$ 704.40	\$ 704.40	\$ 704.40
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0	\$ 0	\$ 0
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	\$ 0	\$ 0	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	\$ 0	\$ 0	\$ 0
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	\$ 0	\$ 0	\$ 0
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	\$ 0	\$ 0	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	\$ 0	\$ 0	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 0	\$ 0	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0	\$ 0	\$ 0

RECEIVED
AUG 18 2014
Union Co. Board of Elections

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) Effective Education Fund					2. ID Number 1
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hal Kevin Stewart 615 Sycamore Grove Road Wingate, NC 28174		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 216.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	O	7.24.2014	\$100.00	Loan Repayment
O		K	7.24.2014	\$116.87	Internet, phone and supplies
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Contractors Building Supply 1900 Skyway Dr, Monroe, NC 28110		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 183.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	o	07/24/2014	\$187.53	Wire Sign Holders Bundle
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Firefighters for the Cure PO Box 2108 Monroe, NC 28111-2108 Union Co. Board of Elections		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	O	07.24.2014	\$100.00	Charity Contribution
				\$	
5. Total only this Page					
6. Total of ALL CRO-1310 Pages <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>					\$ 704.40
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* 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
Effective Education Fund						1
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Union County/Monroe Friends of the NRA Monroe, NC 28110			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
O	CHECK	O	7.24.2014	\$200.00	CHARITY DONATION	
O		K		\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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	
Union Co. Board of Elections			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						
					\$	
6. Total of ALL CRO-1310 Pages						
<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)						

Loan Repayments

Use this form to report payments on an existing loan.

Pg 1 of 1 Amendment Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Effective Education Fund					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Hal Kevin Steward 615 Sycamore Grove Road Wingate, NC 28171 704.507.0166					
				c. Original Loan Date	
				07/26/2012	
				d. Original Loan Amount	
				\$ 100.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0	1	ckc	07.24.2014	\$ 100.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
RECEIVED AUG 18 2014 Union Co. Board of Elections					
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 100.00	
5. Total of ALL CRO-1420 Pages				\$ 100.00	
<small>(This line must be on line 15 of Detailed Summary Page CRO-1100)</small>					

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	
Effective Education Fund		FINAL SEMI ANNUAL		1	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 704.40		\$ 704.40	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 0	\$ 0	\$ 0
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0	\$ 0	\$ 0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0	\$ 0	\$ 0	\$ 0
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 604.40	\$ 604.40	\$ 604.40	\$ 604.40
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 704.40	\$ 704.40	\$ 704.40	\$ 704.40
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0	\$ 0	\$ 0
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0			
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 0	\$ 0	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0	\$ 0	\$ 0

RECEIVED
AUG 18 2014
Union Co. Board of Elections

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) Effective Education Fund					2. ID Number 1
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hal Kevin Stewart 615 Sycamore Grove Road Wingate, NC 28174		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 216.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	O	7.24.2014	\$100.00	Loan Repayment
O		K	7.24.2014	\$116.87	Internet, phone and supplies
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Contractors Building Supply 1900 Skyway Dr, Monroe, NC 28110		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 183.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	o	07/24/2014	\$187.53	Wire Sign Holders Bundle
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Firefighters for the Cure PO Box 2108 Monroe, NC 28111-2108 Union Co. Board of Elections		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	O	07.24.2014	\$100.00	Charity Contribution
				\$	
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages <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>					\$ 704.40
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) Effective Education Fund					2. ID Number 1
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Union County/Monroe Friends of the NRA Monroe, NC 28110		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O	CHECK	O	7.24.2014	\$200.00	CHARITY DONATION
O		K		\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Union Co. Board of Elections		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages <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>					\$ 704.40
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Effective Education Fund					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Hal Kevin Steward 615 Sycamore Grove Road Wingate, NC 28171 704.507.0166					
				c. Original Loan Date	
				07/26/2012	
				d. Original Loan Amount	
				\$ 100.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0	1	ckc	07.24.2014	\$ 100.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
RECEIVED AUG 18 2014 Union Co. Board of Elections					
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 100.00	
5. Total of ALL CRO-1420 Pages <small>(This line must be on line 15 of Detailed Summary Page CRO-1100)</small>				\$ 100.00	



North Carolina
 State Board of Elections
 441 N. Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: Effective Education Fund
 Treasurer Name: Hal Kevin Stewart
 Treasurer Address: 615 Sycamore Grove Rd
 (include city, state, & zip) Wingate, NC 28174

 Treasurer Phone: 704. 507. 0166

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7.25.14
 Date Signed

Hal Kevin Stewart
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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 Effective Education Fund	c. ID Number 1
b. Mailing Address (include City, State and Zip Code) 615 Sycamore Grove Road Wingate, NC 28174	d. Date Filed 7.25.2014
	e. Phone Number 704.507.0166

2. Report Year 2014	3. Period Start Date (mm/dd/yyyy) 1.1.2014	4. Period End Date (mm/dd/yyyy) 7.5.2014	5. Treasurer Full Name Hal Kevin Stewart
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6. Type of Committee (Check One)		7. Type of Report (Check all that apply of items in parentheses)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraiser this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		12. Account Information	
a. Financial Institution Full Name Sun Trust	b. Purpose Campaign Fun	a. Financial Institution Full Name	b. Purpose
c. Account Code 1	d. Period Begin Balance \$ 704.40	c. Account Code	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Hal Kevin Stewart

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

7.25.2014

Date

FOR OFFICE USE ONLY

Date Received: 7-25-14 Employee _____
 Date Postmarked: _____ Employee _____
 Date Scanned: _____ Employee _____
 Date Data Entered: _____ Employee _____

Vickie Oese

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

RECEIVED
 JUL 25 2014

Please Note: This form cannot be used to amend committee information such as the committee address, board of Elections, 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

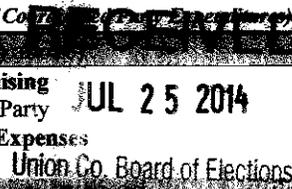
Use this form to summarize all disclosure reporting forms and to total monetary information.

Effective Education Fund		FINAL SEMI ANNUAL	1	
Start of Election Cycle:	January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 704.40	\$ 704.40
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)		\$ 0	\$ 0
7) Contributions from Political Party Committees	(CRO-1220)		\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)		\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)		\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)		\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)		\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)		\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 0	\$ 0
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)		\$ 704.40	\$ 704.40
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)		\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)		\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)		\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)		\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)		\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16, and 17)			\$ 704.40	\$ 704.40
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0	\$ 0
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		\$ 0	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		\$ 0	\$ 0
22) Debts and Obligations owed By the Committee	(CRO-1610)		\$ 0	\$ 0
23) Debts and Obligations owed To the Committee	(CRO-1620)		\$ 0	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)		\$ 0	\$ 0
25) Administrative Support	(CRO-1710)		\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)		\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)		\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)		\$ 0	\$ 0

RECEIVED
JUL 25 2014
Union Co. Board of Elections

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 Effective Education Fund					2. No. of Pages 1
3. Type of Disbursement <input 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) Hal Kevin Stewart 615 Sycamore Grove Road Wingate, NC 28174		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0	Account Shut	CLOSURE	7/24/2014	\$704.40	ACCT CLOSED
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total of ALL Pages					\$
6. Total of ALL CRO-1100 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)					\$ 704.40
7. Purpose Codes 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					
					

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 Effective Education Fund	c. ID Number 1
b. Mailing Address (include City, State and Zip Code) 615 Sycamore Grove Road Wingate, NC 28174	d. Date Filed 1.31.2014
	e. Phone Number 704.507.0166

2. Report Year 2013	3. Current Year Start Date 7.1.2013	4. Current Year End Date 12.31.2013	5. Name of Treasurer Hal Kevin Stewart
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input 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	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 checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	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
6. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
7. Number of Candidates on Ballot 0				

a. Financial Institution Full Name Sun Trust		a. Financial Institution Full Name Union Co. Board of Elections	
b. Purpose Campaign Fun	c. Account Code 1	b. Purpose RECEIVED	c. Account Code
d. Period Begin Balance \$ 704.40		d. Period Begin Balance \$	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Hal Kevin Stewart

Printed Name of Signer

Signature of Appointed Treasurer

1.31.2014

Date

FOR OFFICE USE ONLY

Date Received: 1-31-14
 Date Postmarked: _____
 Date Scanned: _____
 Date Data Entered: _____

Employee: Vickie Quee
 Employee: _____
 Employee: _____
 Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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.

Effective Education Fund		Semi Annual	1	
Start of Election Cycle: January 1, 2012		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 704.40	\$ 704.40	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 100.00	
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 1400.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 100.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0	\$ 1600.00	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 895.60	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0	\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 704.40	\$ 704.40	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 100.00		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0		
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0		
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 0	\$ 0	
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0	

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

a. Full Name Effective Education Fund		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 615 Sycamore Grove Road Wingate, NC 28174		d. Date Filed 11.1.2012	
		e. Phone Number 704.233.0130	

2012	7,27,2012	10.26.2012	Hal Kevin Stewart
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input 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 Mid Year Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual Mid Year Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	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
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

a. Financial Institution Full Name SunTrust		a. Financial Institution Full Name	
b. Purpose Camaign Fund	c. Account Code 1	b. Purpose	c. Account Code
d. Period Begin Balance \$ 73.00		d. Period Begin Balance \$	

RECEIVED
NOV - 2 2012
Union Co. Board of Elections

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Hal Kevin Stewart

Printed Name of Signer

Signature of Appointed Treasurer

11.1.2012

Date

FOR OFFICE USE ONLY

Date Received: 11-2-2012

Employee: Verkie Deere

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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.

Effective Education Fund		Quarterly	1	
Start of Election Cycle:	January 1,	<u>2012</u>	Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start		\$ 73.00	\$ 73.00
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$ 100	\$ 100
6)	Contributions from Individuals	(CRO-1210)	\$ 1400	\$ 1400
7)	Contributions from Political Party Committees	(CRO-1220)	\$	\$
8)	Contributions from Other Political Committees	(CRO-1230)	\$	\$
9)	Loan Proceeds	(CRO-1410)	\$	\$
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11)	Other Receipt Sources			
11a)	Interest on Bank Accounts	(CRO-1250)	\$	\$
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c)	Outside Sources of Income	(CRO-1250)	\$	\$
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e)	Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1500	\$ 1500
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	\$ 868.60	\$ 868.60
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c)	Coordinated Party Expenditures	(CRO-1310)	\$	\$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15)	Loan Repayments	(CRO-1420)	\$	\$
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17)	In-Kind Contributions	(CRO-1510)	\$	\$
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 768.60	\$ 768.60
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 804.40	\$ 804.40
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24)	Account Transfers Within the Committee	(CRO-1720)	\$	
25)	Administrative Support	(CRO-1710)	\$	\$
26)	Forgiven Loans	(CRO-1440)	\$	\$
27)	48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28)	Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Effective Education Fund					1
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Sam Starnes 1511 Circle S Ranch Road Monroe, NC 28112 704.764.7311		Farmer			
		c. Employer's Name/Specific Field			
		Circle S Ranch Farming		e. Election Sum to Date	
				\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		9.27.2012	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marion Cox 6409 Rape Road Monroe, NC 28112 704.764.9775		Farmer			
		c. Employer's Name/Specific Field			
		Cox Brothers Farms Farming		e. Election Sum to Date	
				\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10.1.2012	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Allan and Marie Baucom 9611 Morgan Mill Road Monroe, NC 28110 704.753-4264		Farmers			
		c. Employer's Name/Specific Field			
		AL Baucom Service Farm		e. Election Sum to Date	
				\$	400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check		10.1.2012	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1400.00
					\$ 1400.00

Disbursements

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

Effective Education Fund					1
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sign Masters 314-B Depot Street Monroe, NC 28112 704.225.0673			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 \$ 868.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	B	10.9.2012	\$868.60	Signs
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
					\$ 868.60
(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)					
A* - Media E - Salaries I - Postage O* - Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses	
				D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund	