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	c. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
209 MCGLAMERY ST. OAK ISLAND, NC 28465	03/07/2016
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	01/01/2016	02/29/2016	CAROL C PAINTER

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report: 1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	
FIRST CITIZENS BANK	
b. Purpose	**c. Account Code**
FOR DEPOSIT OF CAMPAIGN CONTRIBUTIONS AND PAYING CAMPAIGN	1
	d. Period Begin Balance
	$

3. Account Information

a. Financial Institution Full Name	
b. Purpose	**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

Carol C. Painter	Carol C. Painter	03/07/2016
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: RECEIVED MAR 08 2016 BRUNSWICK COUNTY BOARD OF ELECTIONS — Employee: AC

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	2016 First Quarter	

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2,649.01	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 200.00	$ 375.00
6) Contributions from Individuals	(CRO-1210)	$ 4,025.00	$ 10,125.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 250.00	$ 250.00
9) Loan Proceeds	(CRO-1410)	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0.00	$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ 0.00	$ 0.00
11c) Outside Sources of Income	(CRO-1250)	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 4,475.00	$ 10,750.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1,204.93	$ 4,628.93
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0.00	$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 149.07	$ 179.98
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 303.15	$ 474.23
17) In-Kind Contributions	(CRO-1510)	$ 575.00	$ 575.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2,232.15	$ 5,858.14
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 4,891.86	$ 4,891.86
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	$ 0.00	
25) Administrative Support	(CRO-1710)	$ 0.00	$ 0.00
26) Forgiven Loans	(CRO-1440)	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 0.00	$ 0.00
28) Contributions to be Refunded	(CRO-1215)	$ 303.15	$ 474.23

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		01/28/2016	$ 50.00
☐ Add ☐ Remove	1	Check		01/28/2016	$ 50.00
☐ Add ☐ Remove	1	Check		01/28/2016	$ 50.00
☐ Add ☐ Remove	1	Check		01/28/2016	$ 50.00

4. Total only this Page	$ $200.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $200.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS W. ADAMS 100 WEST 1ST. ST. OCEAN ISLE BEACH, NC 28469	CHAIRMAN	NC STATE PORTS AUTHORITY BOARD OF DIRECTORS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES N. BRADSHAW 600 ASHBURY LANE BOLIVIA, NC 28422	RETIRED	BRUNSWICK COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/08/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOB BURGESS 2100 MARSH GROVE LANE UNIT 2310 SOUTHPORT, NC 28461	RETIRED	ARDEN COUNTY, TEXAS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/21/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,025.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SAM EDWARDS P.O. BOX 968 SHALLOTTE, NC 28459	TAX PRACTICE	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DIANE ELLER 8001 E. OAK ISLAND DR. OAK ISLAND, NC 28465	REALTOR	OAK ISLAND REALTY, INC.		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/14/2016	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALAN FAVICCHIO 3648 PLAYERS CLUB DR. SOUTHPORT, NC 28461	BUSINESS OWNER	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 100.00
☐					$
☐					$

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)*	$ 4,025.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KELLY M HOLDEN 280 E. 2ND STREET OCEAN ISLE BEACH, NC 28469	BUSINESS OWNER	HOLDEN FARMS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANCES MEDLIN 209 MCGLAMERY ST. OAK ISLAND, NC 28465	RETIRED	SCHOOL COUNSELOR		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02/27/2016	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANDY MOFFITT 204 MCGLAMERY ST. OAK ISLAND, NC 28465	BUILDER	MOFFITT BUILDERS, INC.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/14/2016	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,025.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE A SLOANE III 28 SCOTLAND ST OCEAN ISLE BEACH, NC 28469	REALTOR	SLOANE REALTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEBBIE SLOANE SMITH 16 CAUSEWAY DR SW OCEAN ISLE BEACH, NC 28469 (910) 579-6257	REALTOR AND MAYOR OF OCEAN ISLE BEACH	SLOANE REALTY		$ 575.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	FOOD FOR MEET AND GREET	01/28/2016	$ 575.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOBBY VARKER 5429 ROBLES LANE ROCKLEDGE, FL 32955	RETIRED	BUSINESS OWNER - CROWN RESOURCES, INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/06/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 925.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,025.00

Contributions from Individuals

Pg 5 of 6

Amendment ☐ Yes ☒ No

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
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SAMUEL VARNUM 1574 MONSTER BUCK ESTATES SUPPLY, NC 28462	COMMERCIAL FISHERMAN	SELF		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEAN WALTERS 48 UNION ST. OCEAN ISLE BEACH, NC 28469	REAL ESTATE	DEAN WALTERS ENTERPRISES L		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/27/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOB WILLIAMS 35 CUMBERLAND ST. OCEAN ISLE BEACH, NC 28469 (910) 579-1800	REAL ESTATE	BOB WILLIAMS REALTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO 1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,025.00

Contributions from Individuals

Pg 6 of 6

Amendment ☐ Yes ☒ No

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
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
BETTY WILLIAMSON 119 CAUSEWAY DRIVE SW OCEAN ISLE BEACH, NC 28469	REAL ESTATE	
	c. Employer's Name/Specific Field	e. Election Sum to Date
	SLOANE REALTY	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		01/28/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,025.00

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
COMMITTEE TO ELECT DANNY KISER 154 NW 9TH ST OAK ISLAND, NC 28465	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality: Oak Island	e. Election Sum to Date: $ 200.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		01/13/2016	$ 200.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
COMMITTEE TO ELECT FRANK ILER 2515 MARSH HEN DR OAK ISLAND, NC 28465 (919) 301-1450	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 50.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		01/28/2016	$ 50.00
				$
				$

4. Total only this Page	$ $250.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $250.00

Disbursements

Pg 1 of 2 Amendment ☐ 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
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DAVE'S MOBILE GRAPHICS 101 NE MIDDLETON AVE. OAK ISLAND, NC 28465		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	01/04/2016	$ 300.00	SIGNS
1	Check	B	01/15/2016	$ 300.00	SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DAVE'S MOBILE GRAPHICS 101 NE MIDDLETON AVE. OAK ISLAND, NC 28465		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	01/29/2016	$ 180.00	SIGNS
				$	

4 Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRENT EVEREDGE 217 NE 56TH ST. OAK ISLAND, NC 28465		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	02/03/2016	$ 100.00	INSTALLATION OF LARGE SIGNS
				$	

5 Total only this Page	$ 880.00
6 Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 1,204.93

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

Amendment ☐ 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
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LOWES FOODS 5084 SOUTHPORT-SUPPLY RD SOUTHPORT, NC 28465 (910) 454-8761		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 168.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	01/04/2016	$ 74.93	POSTS FOR SIGNS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WEBB COX 1346 SUNNYSIDE ST. SHALLOTTE, NC 28470 (910) 443-9708		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 3,450.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	01/02/2016	$ 250.00	WIRES FOR SIGNS
				$	

5. Total only this Page	$ 324.93
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 1,204.93

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

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

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
☐ Add ☐ Remove	1	Check	G	02/09/2016	$ 50.00	
☐ Add ☐ Remove	1	Electric Funds Tran	O	01/29/2016	$ 3.00	PAPER STATEMENT FEE
☐ Add ☐ Remove	1	Electric Funds Tran	O	02/29/2016	$ 3.00	PAPER STATEMENT FEE
☐ Add ☐ Remove	1	Check	O	01/16/2016	$ 43.72	POSTS FOR SIGNS
☐ Add ☐ Remove	1	Check	O	01/20/2016	$ 21.01	LUMBER FOR SIGNS
☐ Add ☐ Remove	1	Check	O	02/03/2016	$ 28.34	LUMBER FOR SIGNS

4. Total only this Page	$ 149.07
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 149.07

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

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

Refunds/Reimbursements From the Committee

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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
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
JAMES B MEDLIN 209 MCGLAMERY ST OAK ISLAND, NC 28465	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 01/15/2016
		i. Original Receipt Amount $ 303.15

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
TOWN COUNCILOR	TOWN OF OAK ISLAND	P	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	REIMBURSEMENT FOR PURCHASE OF MAILERS ON PERSONAL CREDIT	01/29/2016	$ 303.15

4. Total only this Page	$ 303.15
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 303.15

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

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

Contributions to be Reimbursed

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
JAMES B MEDLIN 209 MCGLAMERY ST OAK ISLAND, NC 28465	JAMES B MEDLIN 209 MCGLAMERY ST OAK ISLAND, NC 28465

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
MAILERS ORDERED FROM VISTAPRINT ON PERSONAL CREDIT CARD	01/15/2016	Y	$ 303.15

4. Total only this Page	$ 303.15
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 303.15

In-Kind Contributions

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Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DEBBIE SLOANE SMITH 16 CAUSEWAY DR SW OCEAN ISLE BEACH, NC 28469 (910) 579-6257	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 575.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR MEET AND GREET	01/28/2016	$ 575.00
		$
		$

4. Total only this Page	$ 575.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 575.00