

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 <i>Jeff Murray for Board of Education</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>4743 Denton St Fayetteville, NC 28306</i>	d. Date Filed <i>11-1-2010</i>
	e. Phone Number <i>910-425-7446</i>

2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>8-30-10</i>	4. Period End Date (mm/dd/yy) <i>11-1-2010</i>	5. Treasurer Full Name <i>Jeff Murray</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
<input type="checkbox"/> Other		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
<i>0</i>			<input type="checkbox"/> Special	

11. Account Information	
a. Financial Institution Full Name <i>First Citizens Bank</i>	
b. Purpose <i>Campaign Account</i>	c. Account Code
	d. Period Begin Balance \$ <i>0</i>

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 undisclosed 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.

Jeffrey W. Murray Printed Name of Signer *Jeffrey W. Murray* Signature of Appointed Treasurer _____ Date

FOR OFFICE USE ONLY			
Date Received:	<i>11-1-10</i>	Employee:	<i>Angie</i>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<i>NOV 1 2010</i>	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Jeff Murray for Board of Election Pre Election					
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 775.00		\$ 775.00	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 417.96		\$ 417.96	
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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 1192.96		\$ 1192.96	
EXPENDITURES					
13) Disbursements		Total this		Total this	
13a) Operating Expenditures (CRO-1310)		\$ 1055.61		\$ 1055.61	
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)		\$ 100.00		\$ 100.00	
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)		\$ 1155.61		\$ 1155.61	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 37.35		\$ 37.35	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 317.96			
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-2220)		\$		\$	
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

1. Committee Full Name (and Fund if applicable) Jeff Murray for Board of Education	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) 910-980-0161 Diane Wheatley 9774 Ramsey St Linden, NC 28356		b. Job Title/Profession Accountant		d. Comments	
		c. Employer's Name/Specific Field Bragg Lines		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		8-30-2010	\$ 150.00
<input type="checkbox"/>		check		9-28-2010	\$ 100.00
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) 910-484-6055 Lois Kirby 112 N. Churchill Dr. Fayetteville, NC 28303-7018		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field N/A		e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		9-8-2010	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Catherine Earle 313 Palomar St Fayetteville, NC 28314		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field N/A		e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check		9-9-2010	\$ 25.00
<input type="checkbox"/>		check		10-14-2010	\$ 25.00
<input type="checkbox"/>					\$

4. Total only this Page	\$
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$
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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) Jeff Murray for Board of Education	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) 910-476-1367 Robert White P.O. Box 71523 Fort Bragg, NC 28307		b. Job Title/Profession Realtor	d. Comments
		c. Employer's Name/Specific Field Mutual United Realty	e. Election Sum to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment Check	i. In-Kind Description
<input type="checkbox"/>			j. Date (mm/dd/yyyy) 9-15-2006
<input type="checkbox"/>			k. Amount \$100.00
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) 910-485-7316 Joyce Costin 1115 Offshore Dr Fayetteville, NC 28305		b. Job Title/Profession Retired	d. Comments
		c. Employer's Name/Specific Field N/A	e. Election Sum to Date \$25.00
f. Prior	g. Account Code	h. Form of Payment Check	i. In-Kind Description
<input type="checkbox"/>			j. Date (mm/dd/yyyy) 9-23-2010
<input type="checkbox"/>			k. Amount \$25.00
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) 910-488-2243 Kirby Tyson 316 Summertime Rd Fayetteville, NC 28303		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Election Sum to Date \$75.00
f. Prior	g. Account Code	h. Form of Payment Check	i. In-Kind Description
<input type="checkbox"/>			j. Date (mm/dd/yyyy) 9-25-2006
<input type="checkbox"/>			k. Amount \$75.00
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

4. Total only this Page \$

5. Total of ALL CRO-1210 Pages \$
 (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) <i>Jeff Murray for Board of Education</i>	2. ID Number
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>910-578-3382</i> <i>Mike Chandler</i> <i>2821 Damascus Rd</i> <i>Fayetteville, NC 28303</i>			b. Job Title/Profession <i>Manager</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Popwood Capital</i>		e. Election Sum to Date <i>\$100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>Check</i>		<i>9-28-2010</i>	<i>\$100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>910-213-5029</i> <i>Cindy Allen</i> <i>2223 Wilmington Hwy</i> <i>Fayetteville, NC 28306-3117</i>			b. Job Title/Profession <i>Owner/Manager</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Green Biz Nursery</i>		e. Election Sum to Date <i>\$100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>Check</i>		<i>9-24-2010</i>	<i>\$100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>910-213-5029</i> <i>Dennis Gould</i> <i>7099 Calamar Dr</i> <i>Fayetteville, NC 28314-5211</i>			b. Job Title/Profession <i>Retired</i>		d. Comments	
			c. Employer's Name/Specific Field <i>N/A</i>		e. Election Sum to Date <i>\$25.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>Check</i>			<i>\$25.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$

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
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Jeff Murray

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)		
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<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
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4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
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a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>919-894-5656</u>		b. Coordinated Committee Name	d. Comments
<u>Benton Card Company</u>			<u>Hand Cards</u>
<u>105 S. Wall St.</u>		c. Level Registered (Specify)	
<u>Benson, NC 27504</u>		<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
<u>Invoice #</u>			<u>9-9-2010</u>	<u>\$ 199.96</u>	
<u>7340</u>				\$	

4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
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a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>919-894-5656</u>		b. Coordinated Committee Name	d. Comments
<u>Benton Card Company</u>			<u>Yard Sign</u>
<u>105 S. Wall St</u>		c. Level Registered (Specify)	
<u>Benson, NC 27504</u>		<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
<u>Invoice</u>	<u>Check</u>		<u>10-1-2010</u>	<u>\$ 837.65</u>	
<u>7427</u>				\$	

4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
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a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Unknown</u>		b. Coordinated Committee Name	d. Comments
<u>919-894-5656</u>			<u>HTA</u>
<u>Vendor in Cross Creek Mall</u>		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
	<u>Credit Card</u>		<u>9-15-2010</u>	<u>\$ 18.00</u>	
				\$	

5. Total only this Page	c. Level Registered (Specify)	\$
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6. Total of ALL CRO-1310 Pages	<input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$
<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)			
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- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| 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 | O* - Other |

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

Loan Proceeds

Pg _____ of _____

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Jeff Murray for Board of Education			
3. Lender 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
Jeff Murray 4743 Denton Rd Fayetteville, NC 28306		Consultant	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Self-employed	9-9-2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %	None		CASH (cc)
k. Amount			
			\$417.96
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages		b. Job Title/Profession	c. F.
(This line must be on line 9 of Detailed Summary Page CRO-1100)			\$

Debts and Obligations Owed To the Committee

Pg _____ of _____ Amendment Yes No

Use this form to report debts and obligations owed to the Committee.

1. Committee Full Name (and Fund if applicable) <i>Jeff Murray for Board of Education</i>	2. ID Number
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3. Debtor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Jeff Murray 4743 Denton Ct Fayetteville, NC 28506</i>	Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.
b. Description of Debtor	

c. Beginning Balance \$ <i>417.96</i>	d. Total Amount Paid \$ <i>100.00</i>	e. Total Amount Incurred \$	f. Remaining Balance \$ <i>317.96</i>
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g. Incurred Debts (what the Committee gave)

g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description
<i>9-8-2010</i>	<i>\$200.00</i>	<i>Cash loan</i>
<i>9-9-2010</i>	<i>\$199.96</i>	<i>Credit Card payment For Printed Material</i>
<i>9-15-2010(?)</i>	<i>\$18.00</i>	<i>Hat bought from vendor.</i>
	\$	
	\$	

3. Debtor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.
b. Description of Debtor	

c. Beginning Balance \$	d. Total Amount Paid \$	e. Total Amount Incurred \$	f. Remaining Balance \$
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g. Incurred Debts (what the Committee gave)

g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description
	\$	
	\$	
	\$	
	\$	
	\$	

4. Total only this Page Add Remove \$ *317.96*

(This should be the sum of all item '3f' from this page)

5. Total of ALL CRO-1620 Pages Add Remove \$

(This line must be on line 23 of Detailed Summary Page CRO-1100)

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Jeff Murray for Board of Education					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Jeff Murray 4743 Denton Ct Fayetteville, NC 28306					
				c. Original Loan Date	
				d. Original Loan Amount	
				\$ 417.96	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 317.96		Check # 102	10-2-2010	\$ 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	
				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				\$	
5. Total of ALL CRO-1420 Pages				\$	
<i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					