

# 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<br><b>CAMPAIGN TO ELECT MIKE SHIFLETT</b>   | c. ID Number                           |
| b. Mailing Address (include City, State and Zip Code)<br><b>PO BOX 2473<br/>DURHAM, NC 27715</b> | d. Date Filed<br><b>7/15/2015</b>      |
|  | e. Phone Number<br><b>919 368 7329</b> |

|                               |  |  |  |
|-------------------------------|--|--|--|
| 2. Report Year<br><b>2015</b> | 3. Period Start Date (mm/dd/yy)<br><b>07/07/2015</b> | 4. Period End Date (mm/dd/yy)<br><b>07/15/2015</b> | 5. Treasurer Full Name<br><b>DANIELLE SINGER</b> |
|-------------------------------|--|--|--|

|  |   |   |                                       |   |
|--|---|---|---------------------------------------|---|
| 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 checked="" type="checkbox"/> Organizational                  | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum         |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Thirty-five day                            | <input type="checkbox"/> Quarterly    | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Independent Expenditure       | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Pre-primary                                | <input type="checkbox"/> First        | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Legal Expense Fund            |   | <input type="checkbox"/> Pre-election                               | <input type="checkbox"/> Second       | <input type="checkbox"/> Final              |
|  |   | <input type="checkbox"/> Pre-runoff                                 | <input type="checkbox"/> Third        | <input type="checkbox"/> Supplemental Final |
|  |   | <input type="checkbox"/> Semi-annual                                | <input type="checkbox"/> Fourth       | <input type="checkbox"/> Annual             |
|  |   | <input type="checkbox"/> Mid Year                                   | <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Special            |
|  |   | <input type="checkbox"/> Year End                                   | <input type="checkbox"/> Mid Year     |   |
|  |   | <input type="checkbox"/> Final                                      | <input type="checkbox"/> Year End     |   |
|  |   | <input type="checkbox"/> Special                                    | <input type="checkbox"/> Final        |   |
|  |   |   | <input type="checkbox"/> Special      |   |

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

☐ Booster Fund  
☐ Building Fund  
☐ Other:

## 8. Number of Fundraisers this Report

## 11. Account Information

|   |                                    |
|---|------------------------------------|
| a. Financial Institution Full Name<br><b>BBIT</b> | a. Financial Institution Full Name |
| b. Purpose<br><b>CAMMITE ACCOUNT</b>              | b. Purpose                         |
| c. Account Code<br><b>1MJS</b>                    | c. Account Code                    |
| d. Period Begin Balance<br>\$ <b>0</b>            | 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.

**MICHAEL WILLIAM SHIFLETT**  
Printed Name of Signer

**[Signature]**  
Signature of Appointed Treasurer

**07/15/2015**  
Date

## FOR OFFICE USE ONLY IN PERSON

|                                    |                              |  |
|------------------------------------|------------------------------|--|
| Date Received: <b>JUL 15 2015</b>  | Employee: <b>[Signature]</b> | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |
| Date Postmarked: <b>DURHAM BOE</b> | Employee: _____              | <input type="checkbox"/> Signer has not received mandatory training  |
| Date Scanned: _____                | Employee: _____              |  |
| Date Data Entered: _____           | Employee: _____              |  |

**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              |
| CAMPAIGN TO ELECT MIKE SHAFLEY   |            | ORGANIZATIONAL              |                           |
| Start of Election Cycle: January 1, _____                                    |            | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |            | \$ 0                        | \$ 0                      |
| <b>RECEIPTS</b>  |            |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          | \$                        |
| 6) Contributions from Individuals  | (CRO-1210) | \$ 305.88                   | \$ 305.88                 |
| 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) | \$                          | \$                        |
| 11e) Exempt Purchase Price Sales   | (CRO-1265) | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |            | \$ 305.88                   | \$ 305.88                 |
| <b>EXPENDITURES</b>  |            |                             |                           |
| 13) Disbursements  |            |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310) | \$                          | \$                        |
| 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) | \$ 205.88                   | \$ 205.88                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$ 205.88                   | \$ 205.88                 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ 100.00                   | \$ 100.00                 |
| <b>ADDITIONAL INFORMATION</b>  |            |                             |                           |
| 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-2220) | \$                          | \$                        |
| 28) Contributions to be Refunded   | (CRO-1215) | \$                          | \$                        |

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment ☐ Yes ☐ No

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

|  |                 |                    |   |                      |  |  |
|--|-----------------|--------------------|---|----------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                 |                    |   |                      | <b>2. ID Number</b>                                      |  |
| CAMPAIGN TO ELECT MIKE SIAFLETT  |                 |                    |   |                      |  |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                    |                 |                    |   |                      |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><br>MICHAEL WILLIAM SIAFLETT<br>206 W. CLUB BLVD<br>DURHAM NC 27704 |                 |                    | b. Job Title/Profession<br>BUSINESS OWNER           |                      | d. Comments<br>PAID FOR FILING FEE!<br>OPEN BANK ACCOUNT |  |
|  |                 |                    | c. Employer's Name/Specific Field<br>AMERICAN LABOR |                      |  |  |
|  |                 |                    | e. Election Sum to Date<br>LAB ADMIN \$ 305.88      |                      |  |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description                              | j. Date (mm/dd/yyyy) | k. Amount  |  |
| <input type="checkbox"/>   |                 | CHECK              | PAYMENT FOR FILING FEE                              | 7/7/15               | \$ 205.88  |  |
| <input type="checkbox"/>   | LMWS            | CHECK              |   | 7/13/2015            | \$ 100.00  |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                 |                    |   |                      |  |  |
|  |                 |                    | b. Job Title/Profession                             |                      | d. Comments  |  |
|  |                 |                    | c. Employer's Name/Specific Field                   |                      |  |  |
|  |                 |                    | e. Election Sum to Date<br>\$                       |                      |  |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description                              | j. Date (mm/dd/yyyy) | k. Amount  |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                 |                    |   |                      |  |  |
|  |                 |                    | b. Job Title/Profession                             |                      | d. Comments  |  |
|  |                 |                    | c. Employer's Name/Specific Field                   |                      |  |  |
|  |                 |                    | e. Election Sum to Date<br>\$                       |                      |  |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description                              | j. Date (mm/dd/yyyy) | k. Amount  |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$   |  |
| <b>4. Total only this Page</b>   |                 |                    |   |                      | \$ 305.88  |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                     |                 |                    |   |                      | \$ 305.88  |  |

# In-Kind Contributions

Pg \_\_\_\_ of \_\_\_\_

|  |
|--|
| Amendment  |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name                                  |  |                         |
| CAMPAIN TO ELECT MIKE SWIFLETT  |  |                         |
| 2. Contribution Information   |  |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) | b. Type of Contributor   | c. Comments             |
| MICHAEL WILLIAM SWIFLETT<br>206 W. CLUB BLVD<br>DURHAM, NC 27704      | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source | PAID FOR FILING<br>FEE  |
|   |  | d. Election Sum to Date |
|   |  | \$ 205.88               |
| e. Description  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount   |
| PAID TO FILE FOR COUNCIL AT LARGE                                     | 7/7/2015   | \$ 205.88               |
|   |  | \$                      |
|   |  | \$                      |
| 3. Contribution Information   |  |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) | b. Type of Contributor   | c. Comments             |
|   | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                         |
|   |  | d. Election Sum to Date |
|   |  | \$                      |
| e. Description  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount   |
|   |  | \$                      |
|   |  | \$                      |
|   |  | \$                      |
| 4. Contribution Information   |  |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) | b. Type of Contributor   | c. Comments             |
|   | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                         |
|   |  | d. Election Sum to Date |
|   |  | \$                      |
| e. Description  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount   |
|   |  | \$                      |
|   |  | \$                      |
|   |  | \$                      |
|   |  | \$ 205.88               |
|   |  | \$ 205.88               |