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
CAMPAIGN TO ELECT MIKE SHIFLETT	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
P.O. BOX 2473 DURHAM, NC 27715	08/27/2015
	e. Phone Number
	919-368-7329

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	07/16/2015	08-25-2015	DANIEL ELLIS SINGER

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report: 2

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	

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

11. Account Information

a. Financial Institution Full Name	
BRANCH BANKING & TRUST (BB&T)	
b. Purpose	**c. Account Code**
CANDIDATE CAMPAIGN FINANCING	1MWS
	d. Period Begin Balance
	$ 100.00

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.

Daniel Singer — Printed Name of Signer

IN PERSON

Signature of Appointed Treasurer

8/27/2015 — Date

FOR OFFICE USE ONLY

Date Received:	AUG 27 2015	Employee:	
Date Postmarked:	DURHAM BOE	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
CAMPAIGN TO ELECT MIKE SHIRLEY	35-DAY	

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 100.00	$ 100.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1055.00	$ 1055.00
6) Contributions from Individuals	(CRO-1210)	$ 9187.76	$ 9493.64
7) Contributions from Political Party Committees	(CRO-1220)	$ Ø	$ Ø
8) Contributions from Other Political Committees	(CRO-1230)	$ Ø	$ Ø
9) Loan Proceeds	(CRO-1410)	$ Ø	$ Ø
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ Ø	$ Ø
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ Ø	$ Ø
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ Ø	$ Ø
11c) Outside Sources of Income	(CRO-1250)	$ Ø	$ Ø
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ Ø	$ Ø
11e) Exempt Purchase Price Sales	(CRO-1265)	$ Ø	$ Ø
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 10,242.76	$10548.64
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2577.82	$ 2577.82
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 2625.00	$ 2625.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ Ø	$ Ø
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ Ø	$ Ø
15) Loan Repayments	(CRO-1420)	$ Ø	$ Ø
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 145.38	$ 145.38
17) In-Kind Contributions	(CRO-1510)	$ 337.76	$ 543.64
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 5685.36	$ 5891.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 4657.40	$ 4657.40
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ Ø	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ Ø	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ Ø	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ Ø	
24) Account Transfers Within the Committee	(CRO-1720)	$ Ø	
25) Administrative Support	(CRO-1710)	$ Ø	$ Ø
26) Forgiven Loans	(CRO-1440)	$ Ø	$ Ø
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ Ø	$ Ø
28) Contributions to be Refunded	(CRO-1215)	$ Ø	$ Ø

Aggregated Contributions from Individuals

Page 1 of 2 — 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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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 MWS	PAYPAL		07/21/2015	$ 5.00
☑ Add ☐ Remove	1 MWS	CHECK 7317		07/31/2015	$ 45.00
☑ Add ☐ Remove	1 MWS	CHECK 1359		07/31/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 547		07/31/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	CHECK 5687		07/31/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 6122		07/31/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	CHECK 5205		07/31/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 1482		07/31/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 1796		07/31/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 1312		07/31/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	CHECK 7711		07/31/2015	$ 30.00
☑ Add ☐ Remove	1 MWS	CHECK 9816		07/31/2015	$ 50.00
DEP#1 ☑ Add ☐ Remove	1 MWS BA	CASH		07/30/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 6503		08/02/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 6377		08/02/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	CHECK 5097		07/29/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 5750		07/27/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	CHECK 3768		07/28/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	CHECK 1603		07/28/2015	$ 25.00
☑ Add ☐ Remove	1 MWS	AMEX/SQUARE		07/31/2015	$ 40.00
☑ Add ☐ Remove	1 MWS	CHECK 6486		08/05/2015	$ 50.00
☑ Add ☐ Remove	1 MWS	CHECK 1121		08/05/2015	$ 50.00
DEP#2 ☑ Add ☐ Remove	1 MWS	PayPal		08/06/2015	$ 50.00

4. Total only this Page	$ 895.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1,055.00

Aggregated Contributions from Individuals

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
CAMPAIGN TO ELECT MIKE SHIPLETT	

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	1MWS	CASH		08/23/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CASH		08/24/2015	$ 50.00
☐ Add ☐ Remove	1MWS	CASH		08/20/2015	$ 50.00
☐ Add ☐ Remove	1MWS	CASH		08/21/2015	$ 10.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 160.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	$ 1,055.00

Contributions from Individuals

Pg 1 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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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
MICHAEL SHIFLETT 206 W. Club Blvd. Durham, NC 27704	SEMI-RETIRED	AMERICAN LABOR, LABACM INC.	BANK DEPOSIT of 07/15/2015	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	B&T TRANSFER		07/15/2015	$ 3000.00
☐	1MWS	B&T TRANSFER		08/18/2015	$ 3000.00
☐					$

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
ROBERT L. CHADMAN VICKY PATTON 2525 LANIER PLACE DURHAM, NC 27705	DEVELOPER		CHECK 8382	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS			07/14/2015	$ 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
CELESTE BURNS 2912 MONROE AVENUE DURHAM, NC 27707	STAFF	ELLERBE CREEK WATERSHED ASSOCIATION		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	PayPal		07/29/2015	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 6450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9187.76

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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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
EDWARD BOLTZ 5107 PINEBROOK DRIVE DURHAM, NC 27713	ATTORNEY	JOHN T. ORCUTT PE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	PAYPAL		07/29/2015	$ 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
IAN & CHRISTINE JEWELL 1025 GLORIA AVE DURHAM, NC 27701	LANDSCAPE ARCHITECT	COLTER JEWELL + THAMES		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 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
CAVETT H. FRENCH 1005 MONMOUTH DURHAM, NC 27701	RETIRED			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 250.00
☐					$
☐					$

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)*	$ 9187.76

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
CAMPAIGN TO ELECT MIKE SHISLETT	

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 MELDY 101 E. ELERBEE ST. DURHAM, NC 27704	CLINICAL WRITER	INVENTIVE HEALTH CLINICAL		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 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
JOHN & RITA GOEBEL 2 CREEKVIEW LANE DURHAM, NC 27705	RETIRED			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 200.00
☐					$
☐					$

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
JOEL R. & AILEEN ROSS 3008 GLENDALE AVE. DURHAM, NC 27704	RADIATION EMERGENCY COORDINATOR	DUKE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9187.76

Contributions from Individuals

Pg 4 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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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
IAN POND 112 GRESHAM AVE. DURHAM, NC 27704	DELIVERY AGENT	DELIVERY AGENT INC		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 500.00
☐					$
☐					$

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
VIRGINIA BOWMAN 311 WATTS ST. DURHAM, NC 27701	PROPERTY MANAGEMENT	Northgate Assoc.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 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
EUGENE & SIGNE BROWN 410 N. Buchanan Blvd. Durham, NC 27701	REALTOR	DISTINCTIVE PROPERTIES		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK		07/31/2015	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1160)*	$ 9187.76

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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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
John A. Bowman 311 Watts St. Durham, NC 27701	Attorney	Maxwell Freeman Bowman		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	Check		07/31/2015	$ 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
Johniel L. Joyce, Jr. 2907 Wade Ave. Durham, NC 27705	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	Check		07/28/2015	$ 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
Colin & Deanna Crossman 762 Ninth St. Box 591 Durham, NC 27705	Attorney	The Fre'		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	Check		08/10/2015	$ 300.00
☐					$
☐					$

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)*	$ 9,187.76

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): CAMPAIGN TO ELECT MIKE/SHIFLETT

2. ID Number:

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
RONALD & DIANNE HORVATH 7002 OLD TRAIL DR. DURHAM, NC 27712	ATTORNEY	HORVATH ASSOC.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK		08/05/2015	$ 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
CHERYL JONES SHIFLETT 206 WestClub Blvd Durham, NC 27704 919 641.6540	RETIRED - LANDSCAPER	LANDFILL DEVELOPMENT ASSOCIATES	FOOD FOR MEET & GREET	$ 145.38

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

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
CHERYL JONES SHIFLETT 206 WestClub Blvd Durham, NC 27704 919641.6540	RETIRED - LANDSCAPER	LANDFILL DEVELOPMENT ASSOCIATES	PRINT/COPY/SCAN	$ 192.38

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

4. Total only this Page $ 437.74

5. Total of ALL CRO-1210 Pages $ 9187.74

(This line must be on line 6 of Detailed Summary Page CRO-1100)

In-Kind Contributions

Pg 1 of 1 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 Name	2. ID Number
CAMPAIGN TO ELECT MIKE SHIFLETT	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CHERYL SHIFLETT 206 W. Club Blvd. DURHAM, NC 27704	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	SOURCE: AMAZON.COM d. Election Sum to Date $ 337.76

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTER, SCANNER, COPIER, FAX MACHINE	08/11/2015	$ 192.38
+ INK CARTRIDGES		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CHERYL JONES SHIFLETT 206 West Club Blvd Durham, NC 27704 919 641-6540	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	MEET & GREET FOOD d. Election Sum to Date $ 337.76

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET & GREET FOOD	07/29/2015	$ 145.38
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total on this Page	$ 337.76
5. Total of ALL CRO-1510 Pages (This Box must be on Line 11 of Detailed Summary Page CRO-1169)	$ 337.76

Disbursements

Pg 1 of 3 | 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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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
SIGN of CLASS GREG REGISTER 4219 MYRTLEWOOD DR. DURHAM, NC 27705		☐ Federal ☐ County: ☐ State ☑ Municipality:	WINDOW CLING Ads	$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK BB&T	B	07/21/2015	$ 100.00	Ads: WINDOW clings
				$	

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
THE KING'S DAUGHTERS INN 204 N. BUCHANAN BLVD. DURHAM, NC 27701		☐ Federal ☐ County: ☐ State ☑ Municipality:	MEET & GREET	$ 336.48

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK BB&T	C	08/01/2015	$ 268.76	ROOM RENTAL
1MWS	CHECK BB&T	C	08/02/2015	$ 67.27	BEVERAGES

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
CAROLINA BANNER 3535 Hillsborough Rd. Durham, NC 27705		☐ Federal ☐ County: ☐ State ☑ Municipality:		$ 1935.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	VISA 9994	B	08/19/2015	$ 1935.00	PRINTED YARDSIGNS
				$	

5. Total only this Page	$ 2371.48
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)*	$ 5202.22

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
CAMPAIGN TO ELECT MIKE SHIFLETT	

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	d. Comments
UNITED STATES POSTAL SERVICE 3520 KANGAROO DRIVE DURHAM, NC 27705	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $49.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	I	08/21/2015	$49.10	POSTAGE STAMPS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
OFFICE DEPOT OFFICE MAX 4001 CHAPEL HILL BLVD.	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 26.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	K	08/18/2015	$ 26.74	Labels, mailing
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DURHAM COMMITTEE ON THE AFFAIRS OF BLACK PEOPLE	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 130.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK 1002	O	07/08/2015	$ 130.00	80th ANNIVERSARY EVENT TICKETS
				$	

5. Total only this Page	$ 205.74
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)*	$ 5202.22

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

Pg 3 of 3

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
CAMPAIGN TO ELECT MIKE SAUNDERS	

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	d. Comments
DURHAM COMMITTEE ON THE Affairs of Black People PO BOX 110072 DURHAM, NC 27709	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☑ Municipality:	CONTRIBUTION TO POLITICAL COMMITTEE
		e. Election Seat to Date: $2500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECKBBT	O	08/18/2015	$2500.-	CONTRIBUTION
				$	

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DURHAM COMMITTEE ON THE AFFAIRS of Black People	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☑ Municipality:	1/4 PAGE FOUNDERS Day Ad
		e. Election Seat to Date: $125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECKBBT	O	08/13/2015	$125.00	SOUVENIR AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Seat 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	$ 2625.00
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)*	$ 5,202.22

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)

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☐ Yes ☑ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Board, if applicable)	2. ID Number
CAMPAIGN TO ELECT MIKE SHIFLETT	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
CHERYL SHIFLETT 206 W. Club Blvd. DURHAM, NC 27704	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	07/24/2015
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☑ Municipality:	i. Original Receipt Amount: $ 146.38
	f. Purpose Code: OT	j. Election Sum to Date: $ 146.38
b. Job Title/Profession: RETIRED	c. Employer's Name/Specific Field	g. Comments
		k. Account Code
l. Form of Payment: CHECK 093	m. Required Remarks: FUNDRAISING EVENT FOOD	n. Date (mm/dd/yyyy): 08/05/2015
		o. Amount: $145.38

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments
		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)
		o. Amount: $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments
		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)
		o. Amount: $

4. Total only this Page	$ 145.38
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Financial Summary Page CRO-1180)	$ 145.38

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

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

P* - Reimbursement of In-Kind O* Other

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