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	
	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	08-26-2015	09-21-2015	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	
	BRANCH BANKING & TRUST (BB&T)
b. Purpose	**c. Account Code**
IN PERSON SEP 25 2015 DURHAM BOE	1MWS
d. Period Begin Balance	**d. Period Begin Balance**
$	$ 465T.40

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		9/24/2015
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	9/25/15	Employee:	MP	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail ☑ Hand Delivered ☐ Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		☐ 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

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

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CAMPAIGN TO ELECT MIKE SHARPE	PRE-PRIMARY	

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4657.40	$ 100.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1000.00	$ 2055.00
6) Contributions from Individuals	(CRO-1210)	$ 1800.00	$ 11,293.64
7) Contributions from Political Party Committees	(CRO-1220)	$ Ø	$ Ø
8) Contributions from Other Political Committees	(CRO-1230)	$ 500.00	$ 500.00
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)		$ 3300.00	$ 13848.64
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 462.21	$ 3040.03
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ Ø	$ 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)	$ Ø	$ 145.38
17) In-Kind Contributions	(CRO-1510)	$ Ø	$ 543.64
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 462.21	$ 6354.05
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 7495.19	$ 7594.59
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

RECEIVED
SEP 25 2015
DURHAM BOE

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 SHAFFETT	

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	PayPal		09/01/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK		08/25/2015	$ 25.00
☑ Add ☐ Remove	1MWS	CHECK		08/29/2015	$ 20.00
☑ Add ☐ Remove	1MWS	CHECK		08/26/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK		08/31/2015	$ 20.00
☑ Add ☐ Remove	1MWS	CHECK		09/01/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK		08/27/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK 4488		08/28/2015	$ 30.00
☑ Add ☐ Remove	1MWS	CHECK		08/28/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK		08/31/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK 1258	IN PERSON	08/25/2015	$ 25.00
☑ Add ☐ Remove	1MWS	CASH	SEP 2 5 [illegible]	08/26/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CASH	DURHAM BDE	08/28/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CASH 3438		08/31/2015	$ 20.00
☑ Add ☐ Remove	1MWS	CASH		08/26/2015	$ 50.00
☑ Add ☐ Remove	1MWS	PayPal		09/01/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK 2511		9/07/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CASH		9/10/2015	$ 40.00
☑ Add ☐ Remove	1MWS	CHECK 210		9/09/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK 7440		09/09/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CHECK 3643		09/09/2015	$ 50.00
☑ Add ☐ Remove	1MWS	CASH		09/16/2015	$ 20.00
☑ Add ☐ Remove	1MWS	CHECK 1492		09/08/2015	$ 50.00

4. Total only this Page	$ 950.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1000.00

Aggregated Contributions from Individuals

Page 2 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	JMWS	CHECK 2313		9-12-2015	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove			IN PERSON		$
☐ Add ☐ Remove			SEP 25 2015		$
☐ Add ☐ Remove			DURHAM BOE		$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 50.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1000.00

Contributions from Individuals

Pg 1 of 5 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 SHARPLETT

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
CURT + Judy Eskelman 507 Watts St. DURHAM, NC 27701	RETIRED Physician			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 1475		08-25-2015	$ 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
JOHN MARTIN 401 E TRINITY AVE DURHAM, NC 27701	REAL ESTATE	IN PERSON		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 1541	SEP 25 2015 DURHAM BOE	08/31/2015	$ 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
W. RICHARD JAMISON P.O BOX 1931 DURHAM, NC 27702	ATTORNEY			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check 3519		08/31/2015	$ 100.00
☐					$
☐					$

4. Total only this Page $ 300.00

5. Total of ALL CRO-1210 Pages $ 1800.00

(This line must be on line 6 of Detailed Summary Page CRO-1160)

Contributions from Individuals

Pg 2 of 5 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
A. LORRAINE WOODYARD 9 MARCHMONT DURHAM, NC 27705	RETIRED DENTIST			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK 3210		08/31/2015	$ 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
JAMES I ANTHONY 702 ODERLIN Rd. STE 400 RALEIGH, NC 27605	IN PERSON SEP 2 3 2015 DURHAM BOE			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK 4369		08/31/2015	$ 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
ROBERT DILLARD TEER, SR. P.O. BOX 13508 RESEARCH TRIANGLE PARK, NC 27709	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 18455		08/24/2015	$ 250.00
☐					$
☐					$

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)*	$ 1800.00

Contributions from Individuals

Pg 3 of 5 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
LAURA FLORAND 2319 GLENDALE AVE. DURHAM, NC 27704	AUTHOR/INSTRUCTOR	DUKE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	PayPal		09/01/2015	$ 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
JULIE H SEAGROVES 2508 Highland AVE. DURHAM, NC 27704	REALTOR/BROKER			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	check 1956	IN PERSON SEP 25 2015 DURHAM BOE	09/03/2015	$ 150.00
☐					$
☐					$

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 B. O'REILLY 911 W. MARHAM AVE. DURHAM, NC 27701	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 1958		09/04/2015	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1800.00

Contributions from Individuals

Pg 4 of 5 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
WILLIAM J. BRIAN, JR. & LEIGH 239 COUNTRY CLUB DR. DURHAM, NC 27712	ATTORNEY			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK 2192		09/03/2015	$ 180.00
☐					$
☐					$

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
LOU GOETZ 921 MARREENE Rd. DURHAM, NC 27705	DEVELOPER			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	CHECK 3135	IN PERSON SEP 25 2015 DURHAM BOE	09/04/2015	$ 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
JOHN & BERNADETTE PAGE 2500 SHENANDOAH AVE. DURHAM, NC 27704	RETIRED - Physicians			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1MWS	check 861		09-13-2015	$ 100.00
☐					$
☐					$

4. Total only this Page $ 300.00

5. Total of ALL CRO-1210 Pages $ 1800.00

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

Contributions from Individuals

Pg 5 of 5 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 SHARPLETT	

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
M.L. BARNES 3616 HATHAWAY Rd. DURHAM, NC 27707	PROPERTY MANAGEMENT			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 5910		09/10/2015	$ 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
M. LEE BARNES JR. 4220 NEAL Rd. DURHAM, NC 27705	PROPERTY MANAGEMENT			$100.00

IN PERSON

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 3441	SEP 25 2015 DURHAM BOE	09/10/2015	$ 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
DEBORAH + MICHAEL D. CLAYTON 506 MARSHALL WAY DURHAM, NC 27705	BOOKKEEPER	BOTTOM LINE BUSINESS SOLUTIONS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 553			$
☐					$
☐					$

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)*	$ 1800.00

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

CAMPAIGN TO ELECT MIKE SHAFFETT

☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407	☐ Candidate ☑ PAC ☐ Referendum	
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1MWS	CHECK# 374		09/11/2015	$ 500.00
				$
				$

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
IN PERSON	☐ Candidate ☐ PAC ☐ Referendum	
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
		SEP 25 2015		$
		DURHAM BOE		$
				$

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum	
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

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

Total on this Page	$ 500.00
	$ 500.00

Disbursements

Pg 1 of ____ | Amendment ☐ Yes ☑ No

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

CAMPAIGN TO ELECT MIKE SHIFLETT

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

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CAROLINA BANNER 3535 Hillsborough Rd. DURHAM, NC 27705	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	BUTTONS + MARKETING e. Election Sum to Date $ 2382.31

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	VISA 9994	B	08/31/2015	$ 134.38	BUTTONS
1MWS	VISA 9994	B	09/08/2015	$ 312.83	SIGNS + STAKES

☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ULI TRIANGLE P.O. BOX 1917 RALEIGH, NC 27602	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	BUILDING HEALTHY PLACES e. Election Sum to Date $ 15.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994		09/09/2015	$ 15.00	SEMINAR/NETWORKING AT RTP HEADQUARTERS
				$	

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
IN PERSON SEP 25 2015 DURHAM BOE	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
				$	
				$	

Total only this Page: $ 462.21

Total of ALL CRO-1310 Pages: $ 462.21

(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)

Purpose Codes

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			