

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 SHIPLETT	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. Box 2473	10-26-2015
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	9-22-2015	10-19-2015	DANIEL ELLIS SINGER

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign	☐ Party	☐ Municipal	☐ State/County	☐ Referendum
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Legal Expense Fund		☐ 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	
		☐ Final	☐ Year End	
		☐ Special	☐ Final	
			☐ Special	

7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report			
1			

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	BRANCH BANKING & TRUST (BB&T)
b. Purpose	c. Account Code	b. Purpose	c. Account Code
		CANDIDATE CAMPAIGN FINANCE	1 MWS
d. Period Begin Balance		d. Period Begin Balance	
\$		\$	7594.59

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
Signature of Appointed Treasurer
10/25/2015
Date

FOR OFFICE USE ONLY

Date Received:	IN PERSON	Employee:	R. Kelly	Delivery Method
Date Postmarked:	OCT 26 2015	Employee:		☐ Normal Mail
Date Scanned:	DURHAM BOE	Employee:		☐ Registered Mail
Date Data Entered:		Employee:		☒ 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

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 SMITH		2015 PRE-ELECTION	
Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 7594.59	\$ 100.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 180.00	\$ 2235.00	
6) Contributions from Individuals (CRO-1210)	\$ 1275.00	\$ 12,568.64	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 500.00	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1455.00	\$ 15,303.64	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1926.10	\$ 4966.13	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 2625.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 145.38	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 543.64	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1926.10	\$ 8280.15	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7123.49	\$ 7123.49	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

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

CRO-1205

Contributions from Individuals

Pg 1 of 4 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 SHAFLETT						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CATHRYN ABERNATHY 233 CULP HILL DRIVE CHAPEL HILL, NC 27517-8183			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			TEACHER		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IMWS	CHECK 105		10/02/2015	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SETH JOSEPH JERNIGAN 4311 SWATHMORE RD. DURHAM, NC 27707			REALTOR/PROPERTY MANAGEMENT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			TRIANGLE REALTOR ASSOCIATES		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IMWS	CHECK 1108		10/01/2015	\$ 150.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MIRIAM A. WELLS 4341 GRASSY RIDGE RD. HILLSBOROUGH, NC 27278			PROPERTY MANAGEMENT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	IMWS	CHECK 7903		10/01/2015	\$ 150.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1275.00	

Contributions from Individuals

Pg 2 of 4 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 SHARLETT							
3. Contributor Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RANDALL J HAMLETT 217 W. SEARLETT MTN. Rd. Hillsborough, NC 27218				PROPERTY MANAGEMENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	IMWS	CHECK 7509		10/01/2015	\$ 150.00		
☐					\$		
☐					\$		
3. Contributor Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOE L. JERNIGAN 4021 THETFORD Rd. DURHAM, NC 27707-5376				REALTOR/PROPERTY MANAGEMENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	IMWS	CHECK 6524			\$ 100.00		
☐					\$		
☐					\$		
3. Contributor Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TODD RUPPRECHT 4616 CARLTON CROSSING Rd. DURHAM, NC 27713				TEACHER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	IMWS	PAYPAL		10-02-2015	\$ 150.00		
☐					\$		
☐					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ 1275.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg 3 of 4 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 SHAFLETT						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEANN NELSON 2404 INDIAN TRAIL DURHAM, NC 27705			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DUKE		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1MWS	PAYPAL		10/05/2015	\$100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AILEEN ROSS 3008 GLENDALE AVE. DURHAM, NC						
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DUKE		\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1MWS	CHECK 11939		10-11-2015	\$100.00	
☒	1MWS			7-31-2015	\$100.00	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHNNIE L. JOYCE, JR. 2907 WADE RD. DURHAM, NC 27705			RETIRED ATTORNEY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1MWS	CHECK 5301		10/13/2015	\$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)					\$ 1275.00	

Contributions from Individuals

Pg 4 of 4 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 SHAFLETT						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM A. KALKHOFF 39 WESTRIDGE DRIVE DURHAM, NC 27713				RETIRED		
				c. Employer's Name/Specific Field		
				PAST EX. DIRECTOR OF NON-PROFIT		e. Election Sum to Date
						\$ 75. ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1MWS	CHECK 7816		10/13/2015	\$ 75. ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Bill Ripley 5011 Southpark DR #200 DURHAM, NC 27713				RETIRED/DEVELOPER		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 100. ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1MWS	PayPal		10/13/2015	\$ 100. ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$
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					\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1275.00	

Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

Committee Full Name (and Fund if applicable)

ID Number

CAMPAIGN TO ELECT MIKE SHIPLETT

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

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

☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

CAROLINA BANNER

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal ☐ County:

☐ State ☒ Municipality:

e. Election Sum to Date

\$4208.81

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

IMWS

DEBIT 9994

B

09/22/2015

\$214.00

BUTTON+STAKES

10/05/2015

\$1612.50

216NS+STAKES

Payee Information

☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

UNITED STATES POSTAL SERVICE
3520 KANGAROO DRIVE
DORHAM, NC 27705-4595

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal ☐ County:

☐ State ☒ Municipality:

e. Election Sum to Date

\$68.60

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

IMWS

DEBIT 9994

I

10/02/2015

\$19.60

STAMPS

\$

Payee Information

☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

THE BLUE NOTE GRILL
709 WASHINGTON STREET
DORHAM, NC 27701

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal ☐ County:

☐ State ☒ Municipality:

e. Election Sum to Date

\$80.00

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

IMWS

DEBIT 9994

C

10/06/2015

\$80.00

POST PRIMER/

\$

POST PRIMER RAISER

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 Sum to Date

\$1926.10

5. Total only this Page

\$1926.10

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)

\$1926.10

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