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: CAMPAIGN TO ELECT MIKE SHARTT

c. ID Number:

b. Mailing Address (include City, State and Zip Code): P.O. BOX 2473 DURHAM, NC 27715

d. Date Filed:

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	10/20/2015	12-31-2015	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

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	IN PERSON
☑ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	JAN 29 2016
☐ Special	☐ Final	DURHAM BOE
	☐ Special	

11. Account Information

a. Financial Institution Full Name: PayPal

b. Purpose: ON LINE PAYMENT APPLICATION

c. Account Code: 1MWS

d. Period Begin Balance: $ 826.90

11. Account Information

a. Financial Institution Full Name: BRANCH BANKING & TRUST (BB&T)

b. Purpose: CANDIDATE CAMPAIGN FINANCE

c. Account Code: 1MWS

d. Period Begin Balance: $7123.49

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

1/28/2016 — Date

FOR OFFICE USE ONLY

Date Received:	1/29/16	Employee:	MR	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:		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 SHIFLETT	2015 YEAR END	

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 7123.49	$ 100.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 25.00	$ 2260.00
6) Contributions from Individuals	(CRO-1210)	$ 600.00	$ 13,168.64
7) Contributions from Political Party Committees	(CRO-1220)	$ Ø	$ Ø
8) Contributions from Other Political Committees	(CRO-1230)	$ 500.00	$ 1000.00
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)		$ 1125.00	$ 16,428.64
EXPENDITURES IN PERSON			
13) Disbursements JAN 29 2016			
13a) Operating Expenditures	(CRO-1310)	$ 4792.01	$ 9758.14
13b) Contributions to Candidates/Political Committees DURHAM BOE	(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)	$ 2500.00	$ 2645.38
17) In-Kind Contributions	(CRO-1510)	$ Ø	$ 543.64
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7292.01	$ 15572.16
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 956.48	$ 956.48
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)	$ 85.27	$ 85.27

Aggregated Contributions from Individuals

Page 1 of 1

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	1MWS	CHECK 6635		10/23/2015	$ 25.00
☐ 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					$
☐ 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					$

IN PERSON

JAN 29 2016

DURHAM BOE

4. Total only this Page	$ 25.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 25.00

Contributions from Individuals

Pg 1 of 1 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
HENRY H. SCHERICH 11 BARRINGTON PL DURHAM, NC 27705	OWNER	METRIC INC.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 9765		10/22/2015	$ 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
CARL P WEBB SR. 9 Haycox Ct. Durham, NC 27713	DEVELOPER	SELF-EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	IMWS	CHECK 2555		10/28/2015	$ 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
IN PERSON JAN 29 2016 DURHAM BOE				$

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	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 600.00

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

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. Type of Committee	d. Comments
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407	☐ Candidate ☑ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ Municipality:	e. Election Sum to Date $ 1000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1MWS	CHECK #509		10/14/2015	$ 500.00
				$
				$

3. Contributor Information ☐ 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
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
IN PERSON JAN 29 2016 DURHAM BOE	☐ 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
				$
				$
				$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)	$ 500.00

Disbursements

Pg 1 of 6

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
CAROLINA BANNER 3535 Hillsborough Rd Durham, NC 27705	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 4611.94

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IMWS	DEBIT 9994	B	10/26/2015	$ 403.13	SIGNS & STAKES
				$	

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE MEDA CORPORATION 65 TOWN MOUNTAIN Rd. ASHEVILLE, NC 28804	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 2000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
IMWS	CHECK 1007	B	10/26/2015	$ 2000.00	MAILER
				$	IN PERSON

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments JAN 29 2016
CAMPAIGN FOR Ricky Hart 2417 ANACOSTA DURHAM, NC 27707	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	DURHAM BOE 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
IMWS	CHECK 1009	D	10/29/2015	$ 130.00	POLL WORKER CANDY
				$	

5. Total only this Page	$ 2533.13
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)*	$ 4192.01

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
CAROLINA BANNER 3535 Hillsborough Rd. Durham, NC 27705	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $5267.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	B	10/26/2015	$655.75	BANNER, SIGNS, POSTS
				$	

4. Payee Information ☐ 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:	e. Election Sum to Date $5332.19

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	B	11/02/2015	$64.50	BUTTONS, STANDS
				$	

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
STEVE HOPKINS 616 MIMOSA DURHAM, NC 27703	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	POLL WORKER ON SITE COORDINATION 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
1MWS	CHECK 1010	O	11/03/2015	$100.00	COORDINATOR
				$	

5. Total only this Page	$ 820.25
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)*	$ 4792.01

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 6 | 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 SCHEWETT	

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
JAN CROMARTI 625 DUNBAR DURHAM, NC		☐ Federal ☐ County: ☐ State ☑ Municipality:	ELECTION DAY (GENERAL) POLL WORKER	$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK 1008	O	10-29-2015	$ 150.00	POLL WORKER
				$	

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
DEB HANKINS 311 GREENWOOD DRIVE DURHAM, NC 27705		☐ Federal ☐ County: ☐ State ☑ Municipality:	GENERAL ELECTION POLL WORKER	$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK 103	O	11-03-2015	$ 100.00	POLL WORKER
				$	

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
IN PERSON JAN 29 DURHAM John Tarrantino 516 N. Hyde Durham, NC 27703		☐ Federal ☑ State ☑ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK 1015	O	11-15-2015	$ 50.00	POLL WORKERS
				$	

5. Total only this Page	$ 300.00
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)*	$ 4792.01

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 SHARETT	

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
STEVE HOPKINS 616 MIMOSA DURHAM, NC 27703	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 660.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CK 1011	O	11/03/2015	$ 560.00	POLL WORKERS
				$	

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JAN CROMARTIE 625 DONBAR DURHAM, NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CK 1012	O	11-03-2015	$ 150.00	POLL WORKER
				$	

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
RUBY TUESDAY #3185 210 NC HIGHWAY 54 DURHAM, NC 27713	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	IN PERSON JAN 29 2016 DURHAM BOE e. Election Sum to Date $ 33.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	O	11-03-2015	$ 33.00	FOOD FOR POLL WORKERS
				$	

5. Total only this Page	$ 743.00
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)*	$ 4792.01

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BLUE NOTE GRILL 709 WASHINGTON ST. DURHAM, NC 27701		☐ Federal ☐ County: ☐ State ☑ Municipality:	CAMPAIGN WORKERS ELECTION NITE PARTY	$ 236.17

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	O	11-03-2015	$ 236.17	FOOD + BEVERAGES FOR
				$	WORKERS & HELPERS

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
CAMPAIGN FOR RICKY HART 2417 ANACOSTA DURHAM, NC 27707		☐ Federal ☐ County: ☐ State ☑ Municipality:		$ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CHECK 1014	O	11-15-2015	$ 70.00	PAYMENT FOR POLL WORKER
				$	

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
DUKE CHILDREN'S HOSPITAL HEALTH CENTER		☐ Federal ☐ County: ☐ State ☑ Municipality:		$ 61.36

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	DEBIT 9994	O	12-02-2015	$ 61.36	THANK YOU CARDS
				$	

5. Total only this Page	$ 367.53
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)*	$ 4792.01

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 6 of 6 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
PAY PAL	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date: $ 28.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1MWS	CREDIT	C	12-28-2015	$ 28.10	PAYMENT FEES
				$	

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 Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
IN PERSON JAN 29 2016 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
				$	
				$	

5. Total only this Page	$ 28.10
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)*	$ 2653.10

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			

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

Contributions to be Reimbursed

Pg 1 of 1 Amendment ☐ Yes ☑ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
CAMPAIGN TO ELECT MIKE SHIFLETT	

3. Contributor Information ☑ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
COSTCO 1510 NORTHPOINTE DR. DURHAM, NC 27705	MICHAEL W. SHIFLETT 206 W. Club Blvd. DURHAM, NC 2770

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
POSTAGE FOR THANK YOU NOTES	11/20/2015		$ 48.75

3. Contributor Information ☑ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ARBY'S #5035 2115 AVONDALE DURHAM, NC 27704	MICHAEL W. SHIFLETT 206 W. Club Blvd. DURHAM, NC 27704

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
LUNCH FOR POLL WORKERS	11/03/2015		$ 7.52

3. Contributor Information ☑ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ARBY'S #5037 3311 Hillsborough Rd. DURHAM, NC 27705	MICHAEL W. SHIFLETT 206 W. Club Blvd. DURHAM, NC 27704

a. Contribution Description	b. Date (mm/dd yyyy)	c. Credit Card Y/N	d. Amount
LUNCH FOR POLL WORKER	11/03/2015		$ 29.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

4. Total only this Page	$ 85.27
5. Total of ALL CRO-1215 Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 85.27

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 Fund if applicable): CAMPAIGN TO ELECT MIKE SHIFLETT

2. ID Number:

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
MICHAEL W. SHIFLETT 206 W. CLUB BLVD. DURHAM, NC 27704	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ State ☐ County: ☑ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code: L	j. Election Sum to Date: $ 2500.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
RETIRED		CONTRIBUTION from CANDIDATE	1MWS

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 1016	REFUND of CONTRIBUTION	12/17/2015	$ 2500.00

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 ☐ State ☐ County: ☐ 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
IN PERSON JAN 29 2016 DURHAM BOE	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ State ☐ County: ☐ 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	$ 2500.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 2500.00

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)