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
HEIDI CARTER FOR COUNTY COMMISSIONER	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
31 FALLING WATER DURHAM, NC 27713	03/02/2016
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	01/01/2016	02/29/2016	JOSE MIGUEL SANDOVAL

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

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	
WELLS FARGO BANK	
b. Purpose	**c. Account Code**
CAMPAIGN MANAGEMENT	338
	d. Period Begin Balance
	$ 4,540

13. Account Information

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

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

JOSÉ M. SANDOVAL — Printed Name of Signer

Signature of Appointed Treasurer

03/02/2016 — Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: D. Hunt

Date Postmarked: IN PERSON Employee: _____

Date Scanned: MAR 02 2016 Employee: _____

Date Data Entered: DURHAM BOE 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
HEIDI CARTER FOR COUNTY COMMISSIONER	2016 First Quarter	

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4,540.00	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 2,266.00	$ 2,956.00
6) Contributions from Individuals	*(CRO-1210)*	$ 11,730.00	$ 16,103.13
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 750.00	$ 750.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ 0.00	$ 0.00
11c) Outside Sources of Income	*(CRO-1250)*	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 14,746.00	$ 19,809.13
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 4,219.63	$ 4,219.63
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 2,500.00	$ 2,500.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 131.91	$ 131.91
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 0.00	$ 0.00
17) In-Kind Contributions	*(CRO-1510)*	$ 425.00	$ 1,548.13
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7,276.54	$ 8,399.67
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 12,009.46	$ 11,409.46
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0.00	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ 0.00	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ 0.00	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0.00	
25) Administrative Support	*(CRO-1710)*	$ 0.00	$ 0.00
26) Forgiven Loans	*(CRO-1440)*	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ 0.00	$ 0.00
28) Contributions to be Refunded	*(CRO-1215)*	$ 0.00	$ 0.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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	338	Check		02/07/2016	$ 50.00
☐ Add ☐ Remove	338	Cash		02/22/2016	$ 20.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/18/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		01/26/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		01/20/2016	$ 25.00
☐ Add ☐ Remove	338	Check		02/07/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/31/2016	$ 50.00
☐ Add ☐ Remove	338	Check		02/07/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 25.00
☐ Add ☐ Remove	338	Check		01/06/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Check		02/20/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 25.00
☐ Add ☐ Remove	338	Check		01/06/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/06/2016	$ 25.00
☐ Add ☐ Remove	338	Credit Card		02/13/2016	$ 36.00
☐ Add ☐ Remove	338	Check		01/18/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		02/12/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		02/02/2016	$ 50.00

4. Total only this Page	$	$1,006.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$2,266.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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	338	Credit Card		02/09/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		02/03/2016	$ 50.00
☐ Add ☐ Remove	338	Check		02/22/2016	$ 30.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		02/03/2016	$ 25.00
☐ Add ☐ Remove	338	Credit Card		02/08/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/06/2016	$ 25.00
☐ Add ☐ Remove	338	Check		02/22/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/28/2016	$ 25.00
☐ Add ☐ Remove	338	Check		01/06/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 25.00
☐ Add ☐ Remove	338	Credit Card		02/03/2016	$ 15.00
☐ Add ☐ Remove	338	Check		01/31/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/31/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 50.00
☐ Add ☐ Remove	338	Check		02/19/2016	$ 40.00
☐ Add ☐ Remove	338	Check		02/22/2016	$ 50.00
☐ Add ☐ Remove	338	Check		02/19/2016	$ 25.00
☐ Add ☐ Remove	338	Credit Card		01/16/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 25.00

4. Total only this Page	$	$935.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$2,266.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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	338	Check		02/07/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/02/2016	$ 25.00
☐ Add ☐ Remove	338	Check		01/09/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/06/2016	$ 50.00
☐ Add ☐ Remove	338	Check		01/18/2016	$ 25.00
☐ Add ☐ Remove	338	Check		02/01/2016	$ 50.00
☐ Add ☐ Remove	338	Check		02/07/2016	$ 50.00
☐ Add ☐ Remove	338	Credit Card		02/03/2016	$ 25.00

4. Total only this Page	$ $325.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $2,266.00

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 Party Affiliation)	2. ID Number
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
DIANE ALBERT 6 WOODBINE COURT DURHAM, NC 27713	PLANNING SPECIALIST	GSK		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 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
DIANE ALBERT 6 WOODBINE COURT DURHAM, NC 27713	PLANNING SPECIALIST	GSK		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
WILLIAM ARMISTEAD 1112 STONEBRIDGE DRIVE DURHAM, NC 27712	DAIRY FARMER	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/15/2016	$ 100.00
☐					$
☐					$

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)*	$ 11,730.00

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 Fiscal ID if applicable)	2. ID Number
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 AUSTIN 130 HUNTS ST APT 407 DURHAM, NC 27701	RETIRED	NA		$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 80.00
☐					$
☐					$

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
PHILLIP AZAR 917 Monmouth DURHAM, NC 27701	ATTORNEY	SELF EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/26/2016	$ 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
STEPHEN BARRINGER P.O. BOX 2628 DURHAM, NC 27713	EXECUTIVE	DOALORS SUPPLY CO		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/06/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 430.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
STEPHEN BARRINGER P.O. BOX 2628 DURHAM, NC 27715	EXECUTIVE	DOALOR SUPPLY CO		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
NATALIE BEYER 2206 Hayfield Drive DURHAM, NC 27705	ASSISTANT	BEYER AND ASSOCIATES		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		02/04/2016	$ 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
LEIGH BORDLEY 1018 GLORIA AVENUE DURHAM, NC 27701	SOCIAL WORKER	LEAP		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/28/2016	$ 250.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
JANE BROWN 25 FALLING WATER DURHAM, NC 27713	RETIRED	DUKE HOSPITAL		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
LEANNE BROWN 829 CLARENDON STREET DURHAM, NC 27705	TBD	TBD		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/22/2016	$ 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
BARBARA BUCKLEY 3019 ANNADALE ROAD DURHAM, NC 27705	SCIENTIST	US EPA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
BARBARA CARTER 149 HOMESTEAD HILLS CIRCLE WINSTON-SALEM, NC 27103	RETIRED	INSURANCE BUSINESS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
JEFF CARTER 5202 LONGWOOD DRIVE DURHAM, NC 27713	CHEMIST	DUKE HOSPITAL		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
LINDA CHAPPEL 3804 SUNNINGDALE WAY DURHAM, NC 27707	OWNER	CHURCHES SERVICES		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/19/2016	$ 100.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 CHRISTENSEN 3909 CHIPPENHAM ROAD DURHAM, NC 27707	PEDIATRIC DENTIST	SELF		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/07/2016	$ 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
DEBBIE CHURCHILL 119 Spring Lake Court DURHAM, NC 27713	RETIRED TEACHER	DURHAM PUBLIC SCHOOLS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/20/2016	$ 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
DAVID CONNELLY 3 BLAND SPRING PLACE DURHAM, NC 27713	ASSISTANT LIBRARIAN	DUKE UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/05/2016	$ 100.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
HOWARD EISENSON 1423 ACADIA STREET DURHAM, NC 27701	PHYSICIAN	LINCOLN COMMUNITY HEALTH CENTER		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/31/2016	$ 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
PAUL FELDMAN 3 WORCESTER PLACE DURHAM, NC 27707	SCIENCE MANAGER	INATARCIN THERAPEUTICS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
GREGORY GARNEAU 2535 PERKINS ROAD DURHAM, NC 27705	RETIRED	N/A		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/18/2016	$ 150.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
GARY GARTNER 6 Scotland Pl DURHAM, NC 27705	ALLSCRIPTS	HEALTH CARE TECHNOLOGY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		02/01/2016	$ 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
SUZANNE GIFFORD 35 WESTRIDGE DRIVE DURHAM, NC 27713	RETIRED NURSE	N/A		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/07/2016	$ 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
ERIK HAHN 605 REYNOLDS AVENUE DURHAM, NC 27707	SALES MANAGER	FALKNER HAYNER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/31/2016	$ 100.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
LYNN HALE 1150 CHESTER ROAD WINSTON-SALEM, NC 27104	PHYSICIAN	RETIRED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 1,000.00
☐					$
☐					$

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 HAYWOOD 3116 CORNWALL ROAD DURHAM, NC 27707	RETIRED	N/A		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
LARRY HERST 1118 W. Forest Hills Blvd. DURHAM, NC 27707	EDUCATOR	TRANGLE RECYCLING		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		02/03/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
NANCY HESTER 2110 VINTAGE HILL DRIVE DRHAM, NC 27712	CONSULTANT	TE21		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/09/2016	$ 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
DABNEY HOPKINS 1700 Sprunt Ave. DURHAM, NC 27705	TEACHER	DURHAM PUBLIC SCHOOLS		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		02/14/2016	$ 75.00
☐					$
☐					$

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 HUNT 1115 DONPHIL ROAD DURHAM, NC 27712	RETIRED TEACHER	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
MARTI JENKINS 4810 MARLBOROUGH WAY DURHAM, NC 27713	EDUCATOR	CARY ACADEMY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/13/2016	$ 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
JENIFFER JORDAN 16 CONSULTANT PLACE 101 DURHAM, NC 27707	ATTORNEY	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/13/2016	$ 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
WILLIAM KALKHOF 39 WESTRIDGE DRIVE DURHAM, NC 27713	RESEARCH PROGRAMMER ANALYST	RTI INTERNATIONAL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 KANOY 1112 AMESBURG LANE DURHAM, NC 27713	ADMINISTRATOR	SCHOOL OF EDUCATION, UNC-CH		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
THOMAS KEENAN P.O. BOX 4150 CHAPEL HILL, NC 27515	MANAGER	FLAGLERS SYSTEMS INC		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/19/2016	$ 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
BETSY KNOTT 7005 OLD TRAIL DRIVE DURHAM, NC 27712	RETIRED	VP/TE21		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/09/2016	$ 200.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
MARK KUHN 2821 WADE ROAD DURHAM, NC 27705	INVESTOR ADVISOR	KUHN ADVISORS INC		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		02/03/2016	$ 1,000.00
☐					$
☐					$

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
BERT L'HOMME 6307 Craig Road DURHAM, NC 27712	ADMINISTRATOR	DURHAM PUBLIC SCHOOLS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/24/2016	$ 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 MANUEL 5905 WOODBERRY ROAD DURHAM, NC 27707	RETIRED	NA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
CHRISTINE MCHUGH 4300 THETFORD ROAD DURHAM, NC 27707	RETIRED NURSE	DUKE HOSPITAL		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
LARRY MCKEEL 3559 HAMSTEAD COURT DURHAM, NC 27707	TRANSPORTATION PLANNER	CITY OF DURHAM		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 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
KATHRYN MEYERS 6815 FALCONBRIDGE ROAD DURHAM, NC 27517	UNIVERSITY ADMINISTRATOR	UNC-CH		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 MORRIS 10 RUNNING BROOK COURT DURHAM, NC 27713	MANAGER	KONTEC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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 MOUSHON 22 FALLING WATER DRIVE DURHAM, NC 27713	VICE PRESIDENT	BASEBALL CONCESSIONS INC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/06/2016	$ 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
GARY NIFONG 9 WEST BRIDLEWOOD TRAIL DURHAM, NC 27713	SOFTWARE ENGINEER	SYNOPSYS		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/24/2016	$ 200.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
DANIEL OLDMAN 110 Jennings Ln. DURHAM, NC 27713	RETIRED SOFTWARE ENGINEER	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/29/2016	$ 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
SUSAN OLENIACZ 14 WESTRIDGE DRIVE DURHAM, NC 27713	PHYSICAL THERAPIST	TOP		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		02/15/2016	$ 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
ALLISON O'REILLY 2736 OLD SUGAR ROAD DURHAM, NC 27707	RETIRED	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/28/2016	$ 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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
JENNIFER OWEN 407 WEST KNOX STREET DURHAM, NC 27701	ACADEMIC	DUKE UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
CHARLIE REECE 3604 Darwin Rd DURHAM, NC 27707	ATTORNEY	RHO INC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/01/2016	$ 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
JOEL ROSH 2801 MANNING RALEIGH, NC 27608	RESEARCH ACADEMIC	DUKE UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		02/13/2016	$ 100.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
MATTHEW SEARS 1505 Blount St. DURHAM, NC 27707	DIRECTOR, PROFESSIONAL LEARNING	DURHAM PUBLIC SCHOOLS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/18/2016	$ 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
CARLOS SOTOLONGO 3701 SAINT MARK ROAD DURHAM, NC 27707	PHYSICIAN	DUKE UNIVERSITY HOSPITAL		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/31/2016	$ 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
MARY SOTOLONGO 23 GREEN MILL LANE DURHAM, NC 27707	PROGRAM EVALUATOR	SHIFT NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 SOTOLONGO 23 GREEN MILL LANE DURHAM, NC 27707	ARCHITECT	OWN COMPANY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
BRIAN VARBURGH 3720 LOCHNORA PARKWAY DURHAM, NC 27705	SOFTWARE DEVELOPER	ORALE CORP.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/06/2016	$ 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
DAVID WANNEMACHER 3125 CORNWALL ROAD DURHAM, NC 27707	RETIRED JOURNALIST	CBS SPORTS		$ 425.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	In-Kind	BEBERAGES (FUND RAISER)	02/07/2016	$ 425.00
☐					$
☐					$

4. Total only this Page	$ 1,025.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 WIENER 3313 DEVON ROAD DURHAM, NC 27707	PROFESSOR	DUKE UNIVERSITY		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Credit Card		01/31/2016	$ 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
JANINE WOLF 2803 NATION AVENUE DURHAM, NC 27707	TEACHER	PRIVATE SCHOOL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
PATRICK WOLF 2803 NATION AVENUE DURHAM, NC 27707	PROFESSOR	DUKE UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/06/2016	$ 100.00
☐					$
☐					$

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)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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 WOODARD 2009 WOODROW STREET DURHAM, NC 27705	PUBLIC SERVANT	NC SENATE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/31/2016	$ 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
PHAIL WYNN 6 TREADWAY COURT DURHAM, NC 27278	UNIVERSITY ADMINISTRATOR	DUKE UNIVERSITY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	338	Check		01/02/2016	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,730.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
NORTH CAROLINA ASSOCIATION OF EDUCATORS POLITICAL ACTION COMMITTEE 700 S SALISBURY STREET RALEIGH, NC 27611	☐ Candidate ☒ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☐ County: ☒ State ☐ Municipality:	**e. Election Sum to Date** $ 750.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
338	Check		02/07/2016	$ 750.00
				$
				$

4. Total only this Page	$ $750.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $750.00

Disbursements

Amendment ☐ Yes ☒ No

Pg 1 of 1

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
PEOPLE'S ALLIANCE DURHAM NC PAC 1821 Green St DURHAM, NC 27705	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 2,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
338	Check	O	02/22/2016	$ 2,500.00	LOCAL POLITICAL ACTION COMMITTEE
				$	

5. Total only this Page	$ 2,500.00
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)*	$ 2,500.00

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
CAPITOL PROMOTIONS TBD NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 207.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
338	Debit Card	B	02/08/2016	$ 207.00	MASS MAILING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CAPITOL PROMOTIONS NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 669.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
338	Debit Card	O	01/29/2016	$ 669.00	MASS MAILING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CAPITOL PROMOTIONS NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
338	Debit Card	B	01/20/2016	$ 2,500.00	MASS MAILING
				$	

5. Total only this Page	$ 3,376.00
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)*	$ 4,219.63

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
HEIDI CARTER FOR COUNTY COMMISSIONER	

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
NORTH CAROLINA DEMOCRATIC PARTY COMMITTEE 220 Hillsborough St RALEIGH, NC 27603	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 843.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
338	Debit Card	G	02/08/2016	$ 843.63	
				$	

5. Total only this Page	$ 843.63
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)*	$ 4,219.63

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)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

HEIDI CARTER FOR COUNTY COMMISSIONER	

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	338	Draft	O	02/16/2016	$ 7.43	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/01/2016	$ 3.20	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/11/2016	$ 13.65	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/01/2016	$ 28.94	FINANCIAL FEE
☐ Add ☐ Remove	338	Electric Funds Tran	C	01/10/2016	$ 10.28	CREDIT CARD FEE
☐ Add ☐ Remove	338	Draft	O	02/01/2016	$ 0.49	FINANCIAL COST
☐ Add ☐ Remove	338	Draft	O	02/19/2016	$ 1.75	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/18/2016	$ 6.02	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/17/2016	$ 1.75	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/11/2016	$ 1.75	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/08/2016	$ 3.20	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/05/2016	$ 12.82	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/04/2016	$ 1.75	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	02/08/2016	$ 3.20	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/28/2016	$ 4.95	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/27/2016	$ 7.55	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/22/2016	$ 4.23	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/15/2016	$ 1.75	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/05/2016	$ 3.20	FINANCIAL FEE
☐ Add ☐ Remove	338	Draft	O	01/29/2016	$ 14.00	BANK FEE
4. Total only this Page					$ 131.91	
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1180)*					$ 131.91	

	B* - Printing	D - To Another Candidate
E - Salaries		G - Political Party
	J - Penalties	**Q* - Donations to Legal Expense Fund**
O* - Other		

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

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 Full Name (and Fund if applicable)	2. ID Number
HEIDI CARTER FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DAVID WANNEMACHER 3125 CORNWALL ROAD DURHAM, NC 27707	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 425.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
BEBERAGES (FUND RAISER)	02/07/2016	$ 425.00
		$
		$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 425.00