

# 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.

<b>1. Committee Information</b>									
<b>a. Full Name</b> HEIDI CARTER FOR COUNTY COMMISSIONER			<b>c. ID Number</b>						
<b>b. Mailing Address (include City, State and Zip Code)</b> 31 FALLING WATER DURHAM, NC 27713			<b>d. Date Filed</b> 07/11/2016						
			<b>e. Phone Number</b>						
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>						
2016	03/01/2016	06/30/2016	JOSE MIGUEL SANDOVAL						
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>							
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="background-color: #e0e0e0;">Municipal</th> <th style="background-color: #e0e0e0;">State/County</th> <th style="background-color: #e0e0e0;">Referendum</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special               </td> <td style="vertical-align: top;"> <input type="checkbox"/> Organizational                      Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth                      Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special               </td> <td style="vertical-align: top;"> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special               </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>							
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:									
<b>8. Number of Fundraisers this Report</b>									
0									
<b>3. Account Information</b>		<b>3. Account Information</b>							
<b>a. Financial Institution Full Name</b> WELLS FARGO BANK		<b>a. Financial Institution Full Name</b>							
<b>b. Purpose</b> CAMPAIGN MANAGEMENT	<b>c. Account Code</b> 338	<b>b. Purpose</b>	<b>c. Account Code</b>						
	<b>d. Period Begin Balance</b> \$ 12,109.46		<b>d. Period Begin Balance</b> \$						
<b>CERTIFICATION</b>									
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									
JOSE M. SANDOVAL Printed Name of Signer		 Signature of Appointed Treasurer							
		07/11/2016 Date							
<b>FOR OFFICE USE ONLY</b>									
Date Received:	7-11-16	Employee:	T. Sandoval						
Date Postmarked:		Employee:							
Date Scanned:		Employee:							
Date Data Entered:		Employee:							
<table border="0" style="width:100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"> <b>Delivery Method</b>  <input type="checkbox"/> Normal Mail  <input type="checkbox"/> Registered Mail  <input checked="" type="checkbox"/> Hand Delivered  <input type="checkbox"/> Electronically Filed             </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Signer has not received mandatory training             </td> </tr> </table>					<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		<input type="checkbox"/> Signer has not received mandatory training		
	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed								
	<input type="checkbox"/> Signer has not received mandatory training								
IN PERSON									
<b>Please Note:</b> 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									

DURHAM BOE

# Detailed Summary

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. Type of Report</b>	<b>3. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER	2016 Second Quarter		
<b>Start of Election Cycle: January 1, 2015</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
4) Cash on Hand at Start	\$ 12,109.46	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 400.00	\$ 3,356.00	
6) Contributions from Individuals (CRO-1210)	\$ 1,000.00	\$ 19,380.01	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 750.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 750.98	\$ 750.98	
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)	\$ 2,150.98	\$ 24,236.99	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 12,352.04	\$ 16,571.67	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 2,500.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 126.78	\$ 258.69	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 250.00	\$ 250.00	
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 3,725.01	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 12,728.82	\$ 23,305.37	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,531.62	\$ 931.62	
<b>ADDITIONAL INFORMATION</b>			
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**Page 1 of 1

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Credit Card		03/09/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Credit Card		03/09/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Check		03/10/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Check		03/21/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Credit Card		03/09/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Check		03/01/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Check		03/21/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Credit Card		03/09/2016	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Credit Card		03/09/2016	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Check		03/01/2016	\$ 50.00	
<b>4. Total only this Page</b>					\$ 400.00	
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 400.00	

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN ATKINS 3016 Quincemoor Rd DURHAM, NC 27712			BOARD MEMBER			
			<b>c. Employer's Name/Specific Field</b>			
			NC BIOTECHNOLOGY CENTER			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	338	Check		03/10/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN BOWMAN 311 WATTS STREET DURHAM, NC 27701			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			MAXWELL, FREEMAN & BOWMAN			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	338	Check		03/01/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GAIL M COOK 7 AURORA COURT DURHAM, NC 27713			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			N/A			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	338	Check		03/21/2016	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 550.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,000.00	

# Contributions from Individuals

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LAURA DREY 2248 Cranford Rd DURHAM, NC 27705			PHOTOGRAPHER			
			<b>c. Employer's Name/Specific Field</b>			
			SELF EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	338	Credit Card		03/09/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOSEPH HARVARD 124 Monticello Avenue DURHAM, NC 27707			PASTOR			
			<b>c. Employer's Name/Specific Field</b>			
			Presbyterian Church		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	338	Credit Card		04/13/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LORISA SEIBEL 2410 Par PLACE DURHAM, NC 27705			HOUSING DIRECTOR			
			<b>c. Employer's Name/Specific Field</b>			
			REINVESTMENT PARTNERS		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	338	Credit Card		03/09/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,000.00	



# Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
BIG FROG OF DURHAM 1125 W NC HWY 54 # 316 DURHAM, NC 27707			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			<b>h. Original Expenditure Date</b>		
					<b>i. Original Expenditure Amt</b>
					\$ 418.98
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>		<b>j. Election Sum to Date</b>
			PURCHASE RETURN		\$ 43.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
338	Debit Card			03/15/2016	\$ 375.98
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
HERALD SUN P.O. BOX 1200 PADUCAH, KY 42002-1200			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			<b>h. Original Expenditure Date</b>		
					<b>i. Original Expenditure Amt</b>
					\$ 375.00
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>		<b>j. Election Sum to Date</b>
			PURCHASE RETURN		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
338	Debit Card			03/22/2016	\$ 375.00
<b>4. Total only this Page</b>					\$ 750.98
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 750.98

CRO-1240

NC State Board of Elections

December 2007

# Disbursements

Amendment  
Pg 1 of 4 ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
B & J CUSTOM PRINT 1403 PERSON STREET DURHAM, NC 27703							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 255.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	B	05/05/2016	\$ 255.84	CARDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
B & J CUSTOM PRINTERS INC. 1403 PERSON STREET DURHAM, NC 27703							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	B	03/16/2016	\$ 255.84	CARDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BIG FROG OF DURHAM 1125 W NC HWY 54 # 316 DURHAM, NC 27707							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 43.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	B	03/14/2016	\$ 418.98	PROMOTION SHIRTS		
				\$			
<b>5. Total only this Page</b>						\$ 930.66	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 12,352.04	
(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)							
<b>7. Purpose Codes</b> (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  
Pg 2 of 4 ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HEIDI CARTER NC							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 2,176.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Check	B	03/21/2016	\$ 2,176.88	ADVERTISING		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HERALD SUN P.O. BOX 1200 PADUCAH, KY 42002-1200							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 375.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	A	03/10/2016	\$ 375.00	ADVERTISING		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HERALD SUN P.O. BOX 1200 PADUCAH KY, NC 42002							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	A	03/14/2016	\$ 750.00	ADVERTISING		
				\$			
<b>5. Total only this Page</b>						\$ 3,301.88	
<b>6. Total of ALL CRO-1310 Pages</b>							
(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)						\$ 12,352.04	
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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  
Pg 3 of 4 ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HERALD SUN PO BOX 1200 PADUCAH, KY 42002							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 375.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	A	03/10/2016	\$ 375.00	ADVERTISING		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NATIONAL MAIL SERVICES 3201 Old Chapel Hill Rd DURHAM, NC 27707							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 989.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Debit Card	O	03/09/2016	\$ 989.76	MAILING SERVICES		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
RIVERSIDE HIGH SCHOOL NEWSPAPER - PIRATE'S HOOK 3218 Rose of Sharon Road Durham, NC 27712							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 55.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Check	A	03/09/2016	\$ 55.00	ADVERTISEMENT		
				\$			
<b>5. Total only this Page</b>						\$ 1,419.76	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 12,352.04	
(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)							
<b>7. Purpose Codes</b> (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  
Pg 4 of 4 ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MARIA BILINSKI SHAIN 3539 HOPE VALLEY ROAD DURHAM, NC 27707							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Check	O	03/16/2016	\$ 300.00	GRAPHIC DESIGN		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE INDEPENDENT NEWSPAPER 201 W. Main St., Suite 101 DURHAM, NC 27701							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 523.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Check	A	03/09/2016	\$ 523.00	ADVERTISEMENT		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
UNITED STATES POST OFFICE 3710 Shannon Rd Durham, NC 27707							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 5,876.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
338	Check	I	03/09/2016	\$ 5,876.74			
				\$			
<b>5. Total only this Page</b>						\$ 6,699.74	
<b>6. Total of ALL CRO-1310 Pages</b>							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 12,352.04	
<b>7. Purpose Codes</b> (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

Page 1 of 1

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	05/01/2016	\$ 17.42	FINANCIA; FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	04/01/2016	\$ 7.21	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	03/09/2016	\$ 1.03	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	03/09/2016	\$ 1.75	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	03/09/2016	\$ 1.75	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	03/09/2016	\$ 3.20	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	04/13/2016	\$ 38.42	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	03/31/2016	\$ 14.00	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	05/31/2016	\$ 14.00	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	06/30/2016	\$ 14.00	FINANCIAL FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	338	Draft	O	04/29/2016	\$ 14.00	FINANCIAL FEE
<b>4. Total only this Page</b>					\$ 126.78	
<b>5. Total of ALL CRO-1315 Pages</b> (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 126.78	
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
HEIDI CARTER FOR COUNTY COMMISSIONER				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>
BERT L'HOMME 6307 Craig Road DURHAM, NC 27712		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>h. Original Receipt Date</b> 01/24/2016
				<b>i. Original Receipt Amount</b> \$ 250.00
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
ADMINISTRATOR	DURHAM PUBLIC SCHOOLS	L		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
338	Check	RETURN DONATION ISSUE: POTENTIAL CONFLICT OF INTEREST	03/17/2016	\$ 250.00
<b>4. Total only this Page</b>				\$ 250.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 250.00
<b>6. Purpose Codes</b> (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)				

CRO-1320

NC State Board of Elections

July 2007