

9/26
10-3

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 <i>Solomon Burnette for City Council</i>		c. ID Number		
b. Mailing Address (include City, State and Zip Code) <i>1016 Clarendon St. Durham, N.C. 27705</i>		d. Date Filed		
		e. Phone Number		
2. Report Year <i>2011</i>	3. Period Start Date (mm/dd/yy) <i>9-27-11</i>	4. Period End Date (mm/dd/yy) <i>10-24-11</i>	5. Treasurer Full Name <i>Solomon Burnette</i>	
6. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <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
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose		b. Purpose		
c. Account Code		c. Account Code		
d. Period Begin Balance <i>\$307</i>		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 of Elections.				
Printed Name of Signer <i>Solomon Burnette</i>		Signature of Appointed Treasurer <i>Solomon Burnette</i>		Date
FOR OFFICE USE ONLY				
Date Received: <i>11/4/2011</i>	Employee: <i>YMR</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Postmarked:	Employee:	<input type="checkbox"/> Signer has not received mandatory training		
Date Scanned:	Employee:			
Date Data Entered:	Employee:			
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	
Solomon Burnett for CC					
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 307		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 10.00		\$ 10.00	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 150.00		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 650.00		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 810.00		\$	
EXPENDITURES					
13) Dishbursements					
13a) Operating Expenditures (CRO-1310)		\$ 804.59		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 804.59		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 312.41		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)					
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)					
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals Page ____ of ____ ☐ Yes ☐ No
Optional form used to report NC Contributions From Individuals of \$50 or less

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

CRO-1205

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Kenneth Surin	b. Job Title/Profession Professor c. Employer's Name/Specific Field Duke University Literature Dept.	d. Comments e. Election Sum to Date \$
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		PayPal/Online			\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Mrs. Lorian Olive	b. Job Title/Profession Grad Student/Professor c. Employer's Name/Specific Field 	d. Comments e. Election Sum to Date \$
---	--	--

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cheque			\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> RECEIVED NOV 04 2011 DURHAM COUNTY BOARD OF ELECTIONS </div>	b. Job Title/Profession c. Employer's Name/Specific Field 	d. Comments e. Election Sum to Date \$
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 150.00

5. Total of ALL CRO-1210 Pages \$ 150.00
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursements

Amendment Pg ____ of ____ ☐ 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) <i>Solomon Burnett for City Council</i>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Fed Ex / Kinkos</i> <i>9th St</i> <i>Durham, N.C. 27705</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment <i>Cash</i>	h. Purpose Code <i>B</i>	i. Date (mm/dd/yyyy) <i>9/28/11</i>	j. Amount \$ <i>101.36</i>	k. Required Remarks <i>Printing</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Fed Ex Kinkos</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment <i>Cash</i>	h. Purpose Code <i>B</i>	i. Date (mm/dd/yyyy) <i>10/13/11</i>	j. Amount \$ <i>53.23</i>	k. Required Remarks <i>Printing</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Capital Promotions</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment <i>Debit Card</i>	h. Purpose Code <i>B</i>	i. Date (mm/dd/yyyy)	j. Amount \$ <i>650</i>	k. Required Remarks <i>Campaign Signs</i>		
				\$			
5. Total for this Page						\$ <i>804.59</i>	
6. Total of ALL CRO-1310 Pages						\$ <i>804.59</i>	
(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)							
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)							

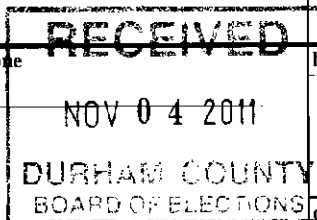
Loan Proceeds

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) <i>Solomon Burnette for City Council</i>				2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Solomon Burnette 1016 Clarendon St. Durham, N.C. 27405</i>		b. Job Title/Profession <i>Candidate Book seller</i>		d. Comments	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount \$ <i>650.00</i>	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ <i>650.00</i>	



Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

Solomon Burnett for C.C.

- Person lending money to committee (Lender):

Solomon Burnett

- Date of loan to committee: *9-26-11*

- Name of lending institution and account number (source):

- Amount of loan: *\$650.00*

- Names of all parties responsible for payment of loan (guarantors):

- Period of loan:

- Rate of interest of loan: *0*

- Security pledged for loan:

RECEIVED

NOV 04 2011

DURHAM COUNTY
BOARD OF ELECTIONS

I, *Solomon Burnett*, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.