

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information		c. ID Number	
a. Full Name Peterson For Public Office			
b. Mailing Address (include City, State and Zip Code) P.O. Box 101 Durham, N.C. 27701		d. Date Organized 2/4/08	
		e. Phone Number 919-949-3867	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Victoria Peterson		c. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 101 Durham, N.C. 27701		d. Party Affiliation Democratic	
		e. Office Sought Durham County Commissioner (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Victoria Peterson		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 101 Durham N.C. 27701		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919-949-3867		c. Phone Number	
d. Email Address VBPeterson		d. Email Address	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Code	
d. Email Address		d. Type	
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
<u>Victoria Peterson</u> Printed Name of Signer		<u>Victoria Peterson</u> Signature of Appointed Treasurer	
		<u>2/4/08</u> Date	

CRO-2100A

NC State Board of Elections

May 2003

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FEB 15 2008

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North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

Feb 4 08
Date Signed

Victoria Peterson
Signature of Candidate

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Disclosure Report Cover

Use this form for general report and committee information, MAR 04 2008 submitted along with other detailed forms
Do not use this form to update information

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Amendment

☐ Yes

☒ No

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1. Committee Information		c. ID Number	
a. Full Name Peterson for Public Office			
b. Mailing Address (Include City, State and Zip Code) P.O. Box 101 Durham, NC. 27701		d. Date Filed 3/4/08	
		e. Phone Number 919-949-3867	
2. Report Year 2008	3. Period Start Date (mm/dd/yy) 2/19/2008	4. Period End Date (mm/dd/yy) 3/4/08	5. Treasurer Full Name Victoria Peterson
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		State/County <input checked="" 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	
8. Number of Fundraisers this Report		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	
10. Special Report Name			
11. Account Information			
a. Financial Institution Full Name Mutual Community Savings Bank, Inc.			
b. Purpose Campaign Expenses		c. Account Code	
		d. Period Begin Balance \$ 2	
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 undisclosed 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			
Victoria Peterson Printed Name of Signer		Victoria Peterson Signature of Appointed Treasurer	
		3/4/08 Date	
FOR OFFICE USE ONLY			
Date Received:	3/4/08	Employee:	MP
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <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	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

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

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Peterson For Public Office		Organization			
Start of Election Cycle: January 1, 2008		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 320.00		\$	
6) Contributions from Individuals (CRO-1210)		\$ 200.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 520.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 331.98		\$	
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)		\$ 331.98		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 188.02		\$	
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					
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1800)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-2215)		\$		\$	

Page 1 of 1☐ **Yes**☒ No[illegible]

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) <i>Peterson For Public Office</i>					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Maurice N. Johnson P.O. Box 35171 Charlotte, NC</i>				b. Job Title/Profession <i>Student</i>		d. Comments
				c. Employer's Name/Specific Field <i>NCCU Durham, NC</i>		
				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"/>		<i>check</i>		<i>2/19/</i>	\$ <i>100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Mr. Redditt Alexander 1310 Mc Luman Ave Durham, NC 27707</i>				b. Job Title/Profession <i>Contractor</i>		d. Comments
				c. Employer's Name/Specific Field <i>Alexander Associates, Inc.</i>		
				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"/>		<i>check</i>		<i>2/28/08</i>	\$ <i>100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>200.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <i>200.00</i>	

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Disbursements

Page 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) <i>Peterson For Public Office</i>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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>Durham County Board of 706 W. Corporation St. Durham, N.C. 27701</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	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>	<i>candidate</i>	<i>2/4/08</i>	<i>\$181.98</i>			
		<i>Entry</i>		\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>1515 Kink's 9th Street Durham Durham</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	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>	<i>entry</i>	<i>2/22/08</i>	<i>\$150.00</i>			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				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	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ <i>331.98</i>	
6. Total of ALL CRO-1310 Pages						\$ <i>331.98</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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

AMENDED



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name:

Peterson for Public Office

Treasurer Name:

Victoria Peterson

Treasurer Address:

P.O. Box 101 Durham, N.C. 27701

(include city, state, & zip)

Treasurer Phone:

919-949-3867

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

April 23 2008
Date Signed

Victoria Peterson
Signature

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Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.