

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 <u>Becky M Heron</u>			c. ID Number							
b. Mailing Address (include City, State and Zip Code) <u>4425 Kerley Rd</u> <u>Durham, NC 27705</u>			d. Date Filed <u>7/27/10</u>							
			e. Phone Number <u>919-489-4402</u>							
2. Report Year <u>2010</u>	3. Period Start Date (mm/dd/yy) <u>Jan 1 - 2010</u>	4. Period End Date (mm/dd/yy) <u>6/30/2010</u>	5. Treasurer Full Name <u>Becky M Heron</u>							
6. Type of Committee (Check One) <input checked="" 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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 checked="" 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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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 checked="" 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								
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name 								
8. Number of Fundraisers this Report 										
11. Account Information		11. Account Information								
a. Financial Institution Full Name <u>Bank of America</u>		a. Financial Institution Full Name								
b. Purpose	c. Account Code <u>1</u>	b. Purpose	c. Account Code <u>JUL 27 2010</u>							
	d. Period Begin Balance <u>\$ 4265.17</u>		d. Period Begin Balance							
		RECEIVED IN PERSON								
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.										
<u>Becky M. Heron</u> Printed Name of Signer		<u>Becky M. Heron</u> Signature of Appointed Treasurer		<u>7/27/10</u> Date						
FOR OFFICE USE ONLY										
Date Received:	<u>7/27/2010</u>	Employee:	<u>MR</u>							
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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
Becky M Heron			
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4205.17	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
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)		\$ 0.19	\$
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)		\$ 0.19	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 310.57	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 410.00	\$
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)		\$ 720.57	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3484.79	\$
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)		\$	

Disbursements

Pg 1 of 2

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	
Becky M Heron					
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)			b. Coordinated Committee Name		d. Comments
The Rescue Mission 1201 E. Main Durham, NC 27701					
			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
					\$ 100
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check 496	0	12/17/2009	\$ 100	501(c)3
				\$	
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
Go Daddy 14455 N. Hayden RD Suite 219 Scottsdale, AZ 85260					Domain Name
			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
					\$ 15.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check Echeck	A	02/12/2010	\$ 15.17	Domain Name
				\$	
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
StartLogic 70 Blanchard RD 3th Floor Burlington, MA 01803					
			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
					\$ 95.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	check 511	A	2/10/2010	\$ 95.40	Web Hosting
				\$	
5. Total only this Page					\$ 210.57
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)					\$ 310.57
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		H* - Holding Public Office Expenses	
O* Other		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 2

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) Becky M Heron						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) NC Museum of Life & Science 433 Murray Ave Durham, NC 27709				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 \$ 100	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	0	6/19/2010	\$ 100	501(c)3		
				\$			
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		
				\$			
				\$			
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 \$ 100							
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)						\$ 310.57	
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

Page 1 of 1

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) <u>Becky M Heron</u>	2. ID Number
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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
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/24/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 30</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/24/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 35</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>check</u>	<u>0</u>	<u>12/26/2009</u>	<u>\$ 30</u>	<u>501(c)3</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						

4. Total only this Page	\$ <u>410.00</u>
5. Total of ALL CRO-1315 Pages	\$

(This line must be on line 14 of Detailed Summary Page CRO-1100)

6. Purpose Codes (List detailed expenditure code in (d) above)			
<u>B* - Printing</u>	<u>C* - Fundraising</u>	<u>D - To Another Candidate</u>	
<u>E - Salaries</u>	<u>F* - Equipment</u>	<u>H* - Holding Public Office Expenses</u>	
<u>I - Postage</u>	<u>J - Penalties</u>	<u>K* - Office Expenses</u>	
<u>O* - Other</u>		<u>Q* - Donations to Legal Expense Fund</u>	

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