

# Disclosure Report Cover

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

Amendment  
☐ Yes ☐ No

<b>1. Committee Information</b>				<b>c. ID Number</b>	
<b>a. Full Name</b> Committee to Re-Elect Cora Cole-McFadden					
<b>b. Mailing Address (include City, State and Zip Code)</b> 5613 Old Well St. P.O. Box 72251 Durham, NC 27704 Durham, NC 27722				<b>d. Date Filed</b>	
				<b>e. Phone Number</b> 477-8995	
<b>2. Report Year</b> 2010	<b>3. Period Start Date (mm/dd/yy)</b> 1-1-2010	<b>4. Period End Date (mm/dd/yy)</b> 6-30-2010	<b>5. Treasurer Full Name</b> Jessica Brown-Linton		
<b>6. Type of Committee (Check One)</b>			<b>9. Type of Report (check only one type of report from one category)</b>		
<input 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			<b>Municipal</b> <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		
<b>7. Type of Fund (if applicable, check one)</b> <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:			<b>State/County</b> <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		
<b>8. Number of Fundraisers this Report</b>			<b>Referendum</b> <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>10. Special Report Name</b>					
<b>11. Account Information</b>					
<b>a. Financial Institution Full Name</b> Mechanios and Farmers Bank					
<b>b. Purpose</b>			<b>c. Account Code</b>		
			<b>d. Period Begin Balance</b> \$ 2,512.27		
<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 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					
Cora Cole-McFadden		Cora Cole-McFadden		7-22-2010	
Printed Name of Signer		Signature of Appointed Treasurer		Date	
<b>FOR OFFICE USE ONLY</b>					
Date Received:	7/22/10	Employee:	M. Ashe	<b>Delivery Method</b>	
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail	
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail	
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered	
				<input type="checkbox"/> Electronically Filed	
				<input type="checkbox"/> Signer has not received mandatory training	
<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-1) to make committee changes.					

RECEIVED  
JUL 22 2010  
IN PERSON

# 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

Committee to ReElect Con Cole-McKibben Semi-Annual Mid Year

Start of Election Cycle: January 1, 2010 Total this Reporting Period Total this Election Cycle

4) Cash on Hand at Start \$ 2512.27 \$

## 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) \$ \$

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) \$ \$

## EXPENDITURES

13) Disbursements

13a) Operating Expenditures (CRO-1310) \$ 300.00 \$ 300.00

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) \$ 300.00 \$ 300.00

19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 2212.27 \$ 2212.27

## ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$

21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 188.25

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 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Re-Elect Cora Cole-McFadden						
<b>3. Type of Disbursement</b> (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						
<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
Ebonettes Service Club PO Box 238 Durham, NC 27702						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	0	3-20-200	\$ 300.00	Ads/donation	
<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
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
<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
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
<b>5. Total only this Page</b>						
\$ 300.00						
<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)						
<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    O* - Other						

CRO-1310

NC State Board of Elections

July 2007

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JUL 22 2010  
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