## MAIL

Disclosure Report Co		MAR 1 2 2013	Amendment  Yes No
Use this form for general report a	and committee information, must	be signed and submitted a	long with other detailed forms.
Do not use this form to update in  1. Committee Information	formation.	DONUVINI PO	
a. Full Name			c. ID Number
Beckymitle	ron	E. F. Stantinger in an Helenger et al., in a manufacture de la compaction	
b. Mailing Address (include City, State	e and Zip Code)		d. Date Filed
4425 Kerle			
Durham, No	27705		e. Phone Number
			919-489-4402
2. Report Year 3. Period Start	1	/	1
61/01/13	-70 - 7		ecky m Iteron
6. Type of Committee (Check C		(check only one type of re	
Candidate Campaign Party PAC Refe	y Municipal erendum Organizational	State/County  Organizational	Referendum  Organizational
☐ Independent Expenditure ☐ Joint	t Fundraiser	Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First Second	Final Supplemental Final
7. Type of Fund (if applicable, )		Second Third	Supplemental Final Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Year Year End	Semi-annual Mid Year	10. Special Report Name
Other:	<b>∑</b>	Year End	10/35 pesia stepperature
8. Number of Fundraisers this	Report Special	⊠- Final □ Special	
		Special	
11. Account Information	11.	Account Information	
11. Account Information a. Financial Institution Full Name		Account Information nancial Institution Full Name	
	a.Ri		
a. Financial Institution Full Name	níc u		c. Account Code
a. Financial Institution Full Name  Bent of Hme	níc u	nancial Institution Full Name	c. Account Code
a. Financial Institution Full Name  Bent of Hme	a. Fi r (c い c. Account Code b. Pt	nancial Institution Full Name	c. Account Code d. Period Begin Balance
a. Financial Institution Full Name  Bent of Hme	a, Fi  c, Account Code b. Pr  122227  d. Period Begin Balance	nancial Institution Full Name	
a. Financial Institution Full Name  Bent of Hme	a. Fi  ric u  c. Account Code b. Pr	nancial Institution Full Name	d. Period Begin Balance
a. Financial Institution Full Name    3@ w	a, Fi  c, Account Code b. Pr  122227  d. Period Begin Balance	nancial Institution Full Name  Irpose  e provisions of Article 22A, 2  nibited or other non-disclosed	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163
a. Financial Institution Full Name    3@ wt of Hwe b. Purpose    CERTIFICATION     I certify that the Committee or Fun   of the NC General Statutes and tha   report is complete, true and correct   Becky My Her   Printed Name of Signe	a. Fi  c. Account Code b. Pr  d. Period Begin Balance \$ 2018.01  and is in compliance with all applicable to the funds are commingled with probability and that I have been trained by the I	nancial Institution Full Name  Irpose  e provisions of Article 22A, 2  nibited or other non-disclosed	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163
a. Financial Institution Full Name    3@utoffme   b. Purpose    CERTIFICATION     I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct     Becky M Her     Printed Name of Signer     FOR OFFICE USE ONLY	a. Fi  C. Account Code  b. Pr  1223-1  d. Period Begin Balance  \$ 2018.07  ad is in compliance with all applicable to no funds are commingled with probat and that I have been trained by the I  CN  R328-1  Signature	e provisions of Article 22A, 2 hibited or other non-disclosed NC State Board of Elections.	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  03/08/13 Date
a. Financial Institution Full Name    3@utoffme   b. Purpose    CERTIFICATION     I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct     Becky M Her     Printed Name of Signer     FOR OFFICE USE ONLY	a. Fi  c. Account Code b. Pr  d. Period Begin Balance \$ 2018.01  and is in compliance with all applicable to the funds are commingled with probability and that I have been trained by the I	e provisions of Article 22A, 2 nibited or other non-disclosed NC State Board of Elections.	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  Date  Date  Normal Mail
a. Financial Institution Full Name    3@ wt of Hwe b. Purpose    CERTIFICATION     I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct   Becky M, Her   Printed Name of Signe   FOR OFFICE USE ONLY	a. Fi  c. Account Code  b. Pr  d. Period Begin Balance  \$ 200 2018.01  ad is in compliance with all applicable to no funds are commingled with profit and that I have been trained by the I  CN Back, IA  Signature	e provisions of Article 22A, 2 nibited or other non-disclosed NC State Board of Elections.	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \frac{\sqrt{3}}{\sqrt{9}} \] \[ \frac{\sqrt{3}}{\sqrt{3}} \] \[ \frac{\sqrt{3}}{\sqrt{9}} \] \[
a. Financial Institution Full Name    3@ wt of Hunes   b. Purpose   CERTIFICATION   I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct   Becky My Her   Printed Name of Signe   FOR OFFICE USE ONLY   Date Received: 3/	a. Fi  C. Account Code  b. Pr  d. Period Begin Balance  \$ 200 2018.01  and is in compliance with all applicable at no funds are commingled with probat and that I have been trained by the Power Signature    2/13   Employee:	e provisions of Article 22A, 2 nibited or other non-disclosed NC State Board of Elections.	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \delta \cdot \delta \cdot \delta \cdot \delta \cdot \delta \cdot \delta \delt
a. Financial Institution Full Name    3@ wt of Hunes   b. Purpose   CERTIFICATION   I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct   Becky My Her   Printed Name of Signe   FOR OFFICE USE ONLY   Date Received: 3/	a. Fi  C. Account Code  b. Pr  d. Period Begin Balance  \$ 200 2018.01  and is in compliance with all applicable to the funds are commingled with probability and that I have been trained by the Power Signature    A / 13	e provisions of Article 22A, 2 nibited or other non-disclosed NC State Board of Elections.	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \frac{\sqrt{3}}{\sqrt{9}} \] \[ \frac{\sqrt{3}}{\sqrt{3}} \] \[ \frac{\sqrt{3}}{\sqrt{9}} \] \[

# MAIL

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary in forms.

MAR 1 2 2013

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Ty 2 4	Report 3. I	D Number
Beckym. terow			
Start of Election Cycle: January 1, $\frac{o}{ x }$	013	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2078.07	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 2000.	\$
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)	\$ 0,04	\$
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)	\$ 2678,11	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2078.11	\$
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)	\$	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 2078, 11	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 0,00	\$
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)	\$	\$

Amendment

Disbursem				1 2 7013	Pg of		
Use this form to	report expenditures to	from the commit	ge for o	PENTIBOR	enses, contributi	ons to candida	te/political
committees and	coordinated party ex- full Name (and Fund	ochditures -	701 II	7 1111 20 1		2. ID No	
	cky Here					21. 22. 270	(MI)CI
	, , ,		·				
3. Type of Diab  Operating Exp		use separate CR tributions to Candida			each type of Dist	ursement.) rdinated Party Exp	penditures
4. Payee Inform		intoutions to Candida		Add	Remove	idiliated Farty Ex	Jenuitures
a. Full Name, M	lailing Address & Pho	one		b. Coordinat	ed Committee Name	d. Commer	ıts
(include city, state,	, & zip)						
Eno	River A	ssociation		c. Level Regi	stered (Specify)		
440	)4 Gues	s PO		Federal	County:		ranksulational mornishus by 2 at 57 a
DV	rham, NC	27712		L State	☐ Municipa	llity: e. Election	Sum to Date
						\$	
f. Account Code		h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Required Ren	
	Check 526	Ð	03/0	8/13	\$ 1039.05	561	(c)3
					\$		
4. Payee Inform				Add	Remove	T. a	
a. Full Name, Mail (include city, stat	ing Address & Phone te, & zip)			b. Coordinate	ed Committee Name	d. Commen	15
		c 1/D	_ \				
Unin	nal Protedi IE, Club BI	on soc all	<i>)</i> 1 4 44		stered (Specify)		
2117	E, Clubisi	2 2 7 0 4		Federal State	☐ County: ☐ Municipa	lity: e. Election	Sum to Date
Dur	ham, nc	21109			<u></u>	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (	mm/dd/yyyy)	j. Amount	k. Required Ren	
	chech 527	ک	i. Date (	imiodayyyy)	\$ 1039,06	501(c)	
	ZKCK 321				¢ 1039,08		
4. Payee Inforn					9		
	ing Address & Phone		<u> </u>		Remove ed Committee Name	d. Commen	ıts
(include city, stat							kalakarah medinikat ataben diperdi
				a Taval Dest			
				Federal	stered (Specify)  County:	X.10.100	
				☐ State	Municipa	lity: e. Election	Sum to Date
-						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Required Ren	narks
					\$		
					\$		
5. Total only th	is Page					\$ 20	78.11
6. Total of ALL	CRO-1310 Pages						
	line 13a of Detailed Sum					\$ 20	78.1)
	line 13b of Detailed Sum line 13c of Detailed Sum						
	odes (List detailed		an a	www.aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	.,		
A* - Media	B* - Printin	g	C* - Fı	indraising	<b>D</b> - To A	Another Candid	date
E - Salaries	F* - Equipa			itical Party			Office Expenses
I - Postage O* Other	J - Penaltie	3	n" - U	ffice Expen	oes — V* - D0	mation to Leg	al Expense Fund
	e detailed explanatio	on in remuired e	emarks	field (E)			



## North Carolina

### State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

# MAIL

MAR 1 2 2013

**DURHAM BOF** 

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

### **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:	'W'	
Committee Name:	BeckyiHeron	
Treasurer Name:	Becky Heron 4425 Kesley DO	
Treasurer Address:	4425 Kesley DO	
(include city, state, & zip)	Durham, No 27705	
Treasurer Phone:	919-489-4402	

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

Date Signed

1 20ch, Pl. Herrice
Signature

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