| Disclosure R                              | Report Cover  |              |                          |             |                |  |             | Amendment  Yes N                           |
|---|---|--------------|--------------------------|-------------|----------------|--|-------------|--|
|   | general report and committee<br>m to update information                                       | informa      | ation, must l            | be signe    | d and          | submitted along w                      | ith oth     | er detailed forms.                         |
| 1. Committee Info                         | ormation  |              | :                        |             | JAI            | DEDCOM                                 |             |  |
| a. Full Name                              | C'. C   |              |                          |             | iiA-           | PERSUN                                 |             | c. ID Number                               |
| Pam Karriker for (                        |   |              |                          |             | j              | JUL <b>2 2 2013</b>                    |             | 61-1714806                                 |
| b. Mailing Address (in 2308 Stroller Aver | clude City, State and Zip Code)   |              |                          |             |                |  |             | d. Date Filed                              |
| Durham, NC 2770                           |   |              |                          |             | DU             | RHAM BOE                               |             | 06/18/2013                                 |
| ,   |   |              |                          |             |                |  |             | e. Phone Number                            |
|   |   |              |                          |             |                |  | -           | (919) 698-9064                             |
| 2. Report Year                            | 3. Period Start Date (mm/   | /dd/yy)      | 4. Period (mm/dd/yy      | End Da      | ate            | 5. Treasurer                           | Full N      |  |
| 2013                                      | 06/12/13  |              |                          | 6/30/13     |                | Robin K. Her                           |             |  |
| 6. Type of Commit                         |   | 9. Ty        | pe of Repor              | <b>t</b> (c | heck           | only one type of re                    | nout fu     |  |
| Candidate Camp                            | = '   | Munici       |                          | - 10        | Stat           | e/County                               |             | om one category) . Referendum              |
| PAC Independent                           | Referendum  |              | Organizationa            | al          |                | Organizational                         |             | Organizational                             |
| Expenditure Legal Expense F               | Joint Fundraiser  |              | Thirty-five da           | ıy          |                | Quarterly                              |             | Pre-referendum                             |
| 7. Type of Fund                           | (if applicable, check one)  | <del>-</del> | Dec mains                |             |                |  |             |  |
| Booster Fund"                             | ty springer, once one)  | 1片           | Pre-primary Pre-election |             | 님              | First                                  |             | Final                                      |
| Building Fund                             |   |              | Pre-runoff               |             | 片              | Second<br>Third                        |             | Supplemental Final                         |
|   |   | _            | Semi-annual              |             | H              | Fourth                                 |             | Annual Special                             |
| O41                                       |   | $\boxtimes$  | Mid Yea                  | r           |                | Semi-annual                            | '           |  |
| Other:                                    |   |              | Year End                 | t           |                | Mid Year                               |             | 0. Special Report Name                     |
| 8. Number of Fund                         | raisers this Report   | 1            | Final<br>Special         |             |                | Year End                               |             |  |
|   | None  | -            | эрсстаг                  |             |                | Final                                  |             |  |
| 11. Account Inform                        |   | L            |                          | 11 40       |                | Special t Information                  |             |  |
| a. Financial Institution F                |   |              |                          |             |                | t Information stitution Full Name      |             |  |
| Wells Fargo Bank, N                       | N.A.  |              |                          | PayPa       |                | istration Full Name                    | <del></del> |  |
| Charles                                   | c. Account Code   |              |                          | b. Purpo    |                |  |             | c. Account Code                            |
| Checking (operating)                      | 1   |              |                          | Electro     | onic           |  |             |  |
| (operating)                               | d. Period Begin Balance   |              |                          | funds       |                |  |             | 2  |
|   |   |              |                          | transfe     | ers            |  | _           | d. Period Begin Balance                    |
| CERTIFICATION                             | \$ 50.00  |              |                          |             |                |  |             | \$ 0.00                                    |
| certify that the Com                      | mittee or Fund is in complia<br>tes and that no funds are cor<br>correct and that I have been | ince with    | ı all applical           | ble provi   | isions         | s of Article 22A, 22                   | 2B, & 2     | 22D-22M of Chapter 163 of                  |
| s complete, true and                      | correct and that I have been  | trained b    | by the NC S              | tate Boa    | otner<br>rd of | non-disclosed fund<br>Elections        | ds. I fu    | rther certify that this report             |
| Robin K. He                               | nning   |              | _/5                      |             | KI             | La                                     | 06/1        | 8/2013                                     |
| OR OFFICE USE ON                          | Printed Name of Signer  |              | Sig                      | gnature of  | Appoir         | nted Treasurer                         |             | Date                                       |
| Date Received:                            | 1-22-13   | E            | Employee:                |             | Q.             | page                                   | <u>Deli</u> | very Method                                |
| Date Postmarked:                          |   | E            | Employee:                | _           | 7              | y                                      |             | Normal Mail<br>Registered Mail             |
| Date Scanned:                             |   | Е            | Employee:                | ***         |                |  |             | Hand Delivered Electronically Filed        |
| Date Data Entered                         | i:  | Е            | mployee:                 |             |                | ************************************** | Ш           | Signer has not received mandatory training |
| Please Note: This                         | form cannot be used to amer   | nd comm      | ittee inform             | nation su   | ch ac          | the committee - 11                     |             |  |
|   | Tusto didi)   | OI OOOK.     | s informatio             | ii, or acc  | count          | information.                           |             |  |
| PO 1000                                   | You must amend the Stateme  | ent of Or    | ganization (             | CRO-21      | 00A-           | E) to make commi                       | ttee ch     | anges.                                     |

**Detailed Summary**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 Repor | t                                       | 3. ID Number             |  |  |
|--|------------------|---|--------------------------|--|--|
| Pam Karriker for City Council                                    | Mid-Year         |   | 61-1714806               |  |  |
| Start of Election Cycle: January 1,                              | 2010             | Total this<br>Reporting Perio           | Total this               |  |  |
| 4) Cash on Hand at Start   |                  | \$ 50.00                                | Blection Cycle  \$ 50.00 |  |  |
| RECEPTS  |                  | 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | συ.ου                    |  |  |
| 5) Aggregated Contributions from Individuals                     | (CRO-1205)       | \$                                      | \$                       |  |  |
| 6) Contributions from Individuals                                | (CRO-1210)       | \$ 350.00                               | \$ 350.00                |  |  |
| 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  | ,                | 4                                       | 3                        |  |  |
| 11a) Interest on Bank Accounts                                   | (CRO-1250)       | \$                                      | \$                       |  |  |
| 11b) Contributions from Not-for-Profit Organization              | ons (CRO-1250)   | \$                                      | \$                       |  |  |
| 11c) Outside Sources of Income                                   | (CRO-1250)       | \$ 0.19                                 | \$ 0.19                  |  |  |
| 11d) Legal Expense Fund – Other Sources                          | (CRO-1270)       | \$                                      | \$                       |  |  |
| 11 e) Exempt Purchase Price Sales                                | (CRO-1265)       | \$                                      | \$                       |  |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c   | , 11d and 11e)   | \$ 350.19                               | \$ 350.19                |  |  |
| <u>EXPENDITURES</u>  |                  |   | 330.17                   |  |  |
| 13) Disbursements  |                  |   |                          |  |  |
| 13a) Operating Expenditures                                      | (CRO-1310)       | \$ 0.19                                 | \$ 0.19                  |  |  |
| 13b) Contributions to Candidates/Political Committee             | ees (CRO-1310)   | \$                                      | \$                       |  |  |
| 13c) Coordinated Party Expenditures                              | (CRO-1310)       | \$                                      | \$                       |  |  |
| 14) Aggregated Non-Media Expenditures                            | (CRO-1315)       | \$                                      | \$                       |  |  |
| 15) Loan Repayments  | (CRO-1420)       | \$                                      | \$                       |  |  |
| 6) Refunds/Reimbursements From the Committee                     | (CRO-1320)       | \$                                      | \$                       |  |  |
| 7) In-Kind Contributions   | (CRO-1510)       | \$                                      | \$                       |  |  |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a. 13b, 13c, 14, 15,  | 16 and 17)       | \$ 0.19                                 | \$ 0.19                  |  |  |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then subtre |                  | \$ 400.00                               | \$ 400.00                |  |  |
| ADDITIONAL INFORMATION   |                  |   |                          |  |  |
| 0) Non-Monetary Gifts Given to Other Committees                  | (CRO-1330)       | \$                                      |                          |  |  |
| 1) Outstanding Loans (incl. ones from other campaigns            | ) (CRO-1430)     | \$                                      |                          |  |  |
| 2) Debts and Obligations owed By the Committee                   | (CRO-1610)       | \$                                      |                          |  |  |
| 3) Debts and Obligations owed To the Committee                   | (CRO-1620)       | \$                                      |                          |  |  |
| 4) Account Transfers Within the Committee                        | (CRO-1720)       | \$                                      |                          |  |  |
| 5) Administrative Support  | (CRO-1710)       | \$                                      | \$                       |  |  |
| 6) Forgiven Loans  | $\vdash$         | \$                                      | \$                       |  |  |
| 7) 48-Hour Notice Reports Sum                                    |                  | \$                                      | \$                       |  |  |
| 8) Contributions to be Refunded                                  | (CRO-1215)       | · · · · · · · · · · · · · · · · · · ·   | \$                       |  |  |

Amendment

No

| Cont Use thi  | ributions fro              | om Individuals                               |                                     | 150   | Pg <u>1</u>                  | of                      | Amendi<br>L 🔲           | nent<br>Yes 🔲 🍴 |  |
|---|----------------------------|--|-------------------------------------|---|------------------------------|-------------------------|-------------------------|-----------------|--|
| 1. Com  | mittee Full Name           | dividual contributions e (and Fund if applic | able)                               | 50 or contributions   | under \$50 if form           |                         |                         |                 |  |
|   | arriker for City Co        | ·  | uoici                               | <u> </u>  |                              | 2. ID I                 | Number                  |                 |  |
|   |                            |  |                                     |   | Remove                       |                         | 61-17148                | 806             |  |
| 3. Contributor Information  a. Full Name, Mailing Address & Phone |                            |  |                                     |   |                              |                         |                         |                 |  |
| (include city, state, & zip)                                      |                            |  | b. Job Title/Profess Business owner | d. Comm   | nents                        |                         |                         |                 |  |
| Wendy   |                            |  |                                     | - Business owner  |                              |                         |                         |                 |  |
|   | Driver St.                 |  |                                     | c. Employer's Nam   |                              |                         |                         |                 |  |
| Durham, NC 27701-3519<br>(919) 682-5326                           |                            |  | Carpe Diem Cle                      |   |                              |                         |                         |                 |  |
| (/1/) 00  | ,2 3320                    |  |                                     |   |                              | e. Election             | on Sum to Date          |                 |  |
|   |                            |  |                                     |   |                              | \$                      | 100.00                  |                 |  |
| f. Prior  | g. Account Code            | h. Form of Payment                           | i. In                               | -Kind Description   | j. Date (mm/dd               | /yyyy)                  | k. Amoui                | nt              |  |
|   | 1                          | Check  |                                     |   | 06/13/2013                   |                         | \$                      | 100.00          |  |
|   |                            |  |                                     |   |                              |                         | \$                      |                 |  |
|   |                            |  |                                     |   |                              |                         | \$                      | •               |  |
| 3. Conti  | ibutor Information         | on *   |                                     | Add 🗍 I   | Remove                       |                         |                         | T               |  |
|   | me, Mailing Address        | & Phone                                      | <u> </u>                            | b. Job Title/Professi   |                              | d. Comm                 | ente                    |                 |  |
|   | city, state, & zip)        |  |                                     | Retiree   |                              | - Comm                  |                         | 7/15 1.1        |  |
| Peggy D   | . Harrıs<br>Highway 441 S. |  |                                     |   |                              |                         |                         |                 |  |
|   | bee, FL 34974              |  |                                     | c. Employer's Name Sperry Corp  | /Specific Field              |                         |                         |                 |  |
| 863) 69°  |                            |  |                                     | Sperry Corp   |                              | e. Election             | e. Election Sum to Date |                 |  |
|   |                            |  |                                     |   |                              |                         |                         |                 |  |
| Prior   | g. Account Code            | h. Form of Payment                           |                                     | Ki-1D   |                              | \$                      | 250.00                  |                 |  |
| П   | 1                          | Check  | 1. 111-1                            | Kind Description j. Date (mm/dd/yy  |                              |                         | k. Amoun                |                 |  |
|   |                            | - CALCER                                     |                                     |   | 06/17/                       | 2013                    | \$                      | 250.00          |  |
|   |                            |  |                                     |   |                              |                         | \$                      |                 |  |
| Contri  | butor Informatio           |  |                                     |   |                              |                         | \$                      |                 |  |
|   | ie, Mailing Address &      |  | . Ц                                 | Add R   | emove                        |                         |                         |                 |  |
|   | city, state, & zip)        |  |                                     | U. JOB THE/Professio  | on                           | d. Comme                | nts                     |                 |  |
|   |                            |  |                                     |   |                              |                         |                         |                 |  |
|   |                            |  | c. Employer's Name/Specific Field   |   |                              |                         | •                       |                 |  |
|   |                            |  |                                     |   | a Floation                   | e. Election Sum to Date |                         |                 |  |
|   |                            |  |                                     |   |                              | \$                      |                         |                 |  |
| Prior   | g. Account Code            | h. Form of Payment                           | i. In-K                             | ind Description   | j. Date (mm/dd/y             |                         | k. Amount               |                 |  |
|   |                            |  |                                     |   | <b>3</b> - 4 - 4 (11111) day | ,337                    | \$                      |                 |  |
|   |                            |  |                                     |   |                              |                         | \$                      |                 |  |
|   |                            |  |                                     |   |                              |                         | \$                      |                 |  |
| Total   | only this Page             |  |                                     |   |                              | \$                      | <u> </u>                | 350.00          |  |
| 7   | of ALL CRO-                |  |                                     |   |                              | Ψ                       |                         | 350.00          |  |
|   |                            | etailed Summary Page CR                      | O-1100)                             | and the figure for the second of the second | : .                          | \$                      |                         | 350.00          |  |

**Contributions from Individuals** 

Amendment

|   | to report income not le                                       | norted on another form, i.e. int         | aract incom-       | a not for monfit contrib                           |  |
|---|---|--|--------------------|--|--|
| 1. Committee  | Full Name (and Fund   | eported on another form. i.e. int        | Clest meom.        |  |  |
| Pam Karriker  | for City Council  |  | <u> </u>           | 4. 1   | ID Number<br>61-1714806  |
| 1 Town of Da  |   | en e |                    |  | ,  |
| 3. Type of Rec  | ceipt Source  | (Please use separate CR)                 | <u>0-1250 forn</u> |  |  |
| 4. Contributor  | r Information   | Contributions from Not                   | t-for-Profit Org   |  | Outside Sources of Income  |
|   | iling Address & Phone   | Add                                      | L Not              | Remove   |  |
| (include city, st   |   |  | D. NOI-            | for-Profit Federal ID#                             | d. Comments  |
| PayPal  |   |  |                    |  |  |
| 2211 N. First S   |   |  | c. Outs            | ide Source Explanation                             | ┦ .  |
| San Jose, CA  |   |  |                    | ng link  | -  |
| (408) 376-740   | 0 (PayPal is an eBay co                                       | 0.)                                      | with V             | Wells  | e. Election Sum to Date  |
|   |   |  | Fargo              | account  | \$ 0.19  |
| f. Account Code   | g. Form of Payment  | h. In-Kind Description                   |                    | i. Date (mm/dd/yyyy)                               | j. Amount  |
| 1   | Electronic Transfer   |  |                    | 06/28/2013   | \$ 0.12  |
| 6 - 40 - 21 - 10 - 10 - 10 - 10 - 10 - 10 - 1             | Electronic<br>Transfer  |  |                    | 06/28/2013   | \$ 0.07  |
| k Contributor   |   | ☐ Add                                    | a, es a            | Remove   |  |
| Full Name, Mail .<br>(include city, sta                   | ling Address & Phone  |  | b. Not-fo          | or-Profit Federal ID#                              | d. Comments  |
|   |   |  | c. Outsid          | de Source Explanation                              |  |
|   |   |  |                    | uc Source Expranation                              |  |
|   |   |  |                    | at Source Explanation                              | e. Election Sum to Date  |
| Account Code  | g. Form of Payment  | h. In-Kind Description                   |                    | i. Date (mm/dd/yyyy)                               | \$   |
| Account Code  | g. Form of Payment  | h. In-Kind Description                   |                    |  |  |
|   |   |  |                    |  | \$ j. Amount   |
| Contributor I   | Information   | h. In-Kind Description                   |                    | i. Date (mm/dd/yyyy)  Remove                       | \$ j. Amount \$  |
| Contributor l   | Information ing Address & Phone                               |  |                    | i. Date (mm/dd/yyyy)                               | \$ j. Amount  \$ \$  |
| Contributor I   | Information ing Address & Phone                               |  |                    | i. Date (mm/dd/yyyy)  Remove                       | \$ j. Amount  \$ \$  |
| Contributor l   | Information ing Address & Phone                               |  | b. Not-fo          | i. Date (mm/dd/yyyy)  Remove                       | \$ j. Amount  \$ \$  |
| Contributor l   | Information ing Address & Phone                               |  | b. Not-fo          | i. Date (mm/dd/yyyy)  Remove r-Profit Federal ID # | \$ j. Amount  \$ \$  |
| Contributor  <br>Full Name, Maili<br>(include city, state | Information ing Address & Phone ee, & zip)                    | Add                                      | b. Not-fo          | i. Date (mm/dd/yyyy)  Remove r-Profit Federal ID # | j. Amount  \$  \$  d. Comments                                     |
| Contributor l   | Information ing Address & Phone                               |  | b. Not-fo          | i. Date (mm/dd/yyyy)  Remove r-Profit Federal ID # | j. Amount  \$  d. Comments  c. Election Sum to Date                |
| Contributor  <br>Full Name, Maili<br>(include city, state | Information ing Address & Phone ee, & zip)                    | Add                                      | b. Not-fo          | i. Date (mm/dd/yyyy)  Remove r-Profit Federal ID # | \$ j. Amount \$ \$ d. Comments  e. Election Sum to Date \$         |
| Contributor  <br>Full Name, Maili<br>(include city, state | Information ing Address & Phone ie, & zip) g. Form of Payment | Add                                      | b. Not-fo          | i. Date (mm/dd/yyyy)  Remove r-Profit Federal ID # | j. Amount  \$  d. Comments  e. Election Sum to Date  \$  j. Amount |

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

\$ 0.19

| Use this form committees as  | to report expenditure   | s from the comm                         | ittee for; operating expens  | g <u>I</u> o<br>ses, contributions    | of 1   |
|--|---|---|--|---------------------------------------|--|
| 1. Committee   | Full Name (and Fu   | nd if applicable)                       |  |                                       |  |
| Pan Karriker   | for City Council  | 2. ID Number                            |  |                                       |  |
| 3. Type of Di  |   | ase use separate                        | CRO-1310 forms for eac   | h type of Dichum                      | 61-1714806   |
| The state of the s | s Expenses  | Contributions to C                      | Candidates/Political Committees                                    |                                       | Coordinated Party Expenditures   |
| 4. Payee Info  |   | ×                                       | Add  | Remove                                | See Assessment of the Assessme |
|  | ailing Address & Phone  |   | b. Coordinated Committee   |                                       | d. Comments  |
| (include city, sta   | te, & zip)  |   |  |                                       |  |
| PayPal<br>2211 N. First  | C4  |   |  |                                       |  |
|  |   |   | c. Level Registered (Specif  | (y)                                   |  |
| San Jose, CA 95131<br>(408) 376-7400 (part of eBay)  |   |   | Federal _  | County:                               |  |
| (110)0,0,10  | (purt of coay)  |   | State  | Municipality:                         | e. Election Sum to Date  |
|  |   |   |  |                                       | \$ 0.19  |
| f. Account Code  | g. Form of Payment  | h. Purpose Code                         | i. Date (mm/dd/yyyy)   | j. Amount                             | ly Dogwined Daniel   |
| 1  | EFT   | 0                                       |  |                                       | k. Required Remarks  Reclaimed funds   |
|  | LII   |   | 06/28/2013   | \$0.19                                | testing Wells  |
|  |   | ,                                       |  | \$                                    | Fargo link   |
| 4. Payee Infor   | Mary seed and the seed of the |   |  | <b>D</b>                              |  |
|  | mation<br>iling Address & Phone   |   | Add  | Remove                                |  |
| (include city, state   |   |   | b. Coordinated Committee   | Name                                  | d. Comments  |
| (include city, state   | ., & Zip)   |   | -  |                                       |  |
|  |   |   | c. Level Registered (Specify                                       | Δ.                                    | $\dashv$   |
|  |   |   | Federal Federal  | County:                               | _  |
|  |   |   | State  | 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  |
|  |   |   |  | \$                                    |  |
|  |   |   |  | Ψ                                     |  |
|  |   |   |  | \$                                    |  |
| 4. Payee Inforr  | nation  |   | Add  | Danie                                 |  |
|  | ing Address & Phone   | المناط                                  | b. Coordinated Committee   | Remove                                | d Comment  |
| (include city, state,  |   |   |  | · · · · · · · · · · · · · · · · · · · | d. Comments  |
|  |   |   |  |                                       |  |
|  |   |   | c. Level Registered (Specify)                                      |                                       |  |
|  |   |   | Federal  | County:                               | 7  |
|  |   |   | State  | Municipality:                         | e. Election Sum to Date  |
|  |   |   |  |                                       | \$   |
| f. Account Code  | g. Form of Payment  | h. Purpose Code                         | i Data (m. m./dd/m)  |                                       |  |
|  | granding  |   | i. Date (mm/dd/yyyy)   | j. Amount                             | k. Required Remarks  |
|  |   |   |  | \$                                    |  |
|  |   |   |  |                                       |  |
|  |   |   |  | \$                                    | ·  |
| 5. Total only the  |   |   |  |                                       | \$ 0.19  |
| o. 10tal 01 ALL.<br>"This line noes in   | CRO-1310 Pages  | Dec Cons                                |  |                                       |  |
| (This line goes in   | line 13a of Detailed Sumn   | nary Page CRO-1100                      | if Operating Expenses)<br>if Contrib to Candidates/Politic         |                                       | \$ 0.19  |
| (This line goes in   | line 13c of Detailed Sumn   | ury Page CKO-1100<br>parv Paga CRO 1100 | if Contrib to Candidates/Politic<br>if Coordinated Party Expenditu | cal Comm)                             | Ψ 0.17   |
| . Purpose Code   | es (List detailed expe  | enditure code in (                      | n ) above)   | ires)                                 |  |
| * - Media  | B* - Printing   | C* - Fundi                              |  | <b>D</b> - To Anoth                   | or Condition   |
| 2 - Salaries   | F* - Equipment  | G - Politica                            | ıl Party   | H* - Holding                          | er Candidate<br>Bublic Office Expenses   |
| - Postage<br>)* - Other  | J - Penalties   | K* - Office                             | Expenses   | Q* - Donatio                          | n to Legal Expense Fund  |
|  | detailed explanation  | n in required                           | norko field (h)  |                                       |  |

Pg

**Disbursements** 

Amendment

\_ Yes

of <u>1</u>