Disclosure Report Cover								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		c. ID Number								
1 .11		1 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _								
Committee		I.B., E'll								
b. Mailing Address (include City, State and Zip Code)								d. Date Filed		
5613 Old Well Street							-	e. Phone Number		
Durhan, NC 27104 e. Phone Number 1919)4										
2. Report Year 3. Period Start Date (mm/d			4. Period I (mm/dd/yy)	End Date		5. Treasurer Full N		ame		
2013	2013 July 1, 20		3 4-8		2013	Cora Ci		ok- Mctadden		
6. Type of Commit		9. Type of Report				y one type of report fr				
Candidate Camp	Candidate Campaign Party		pal Organizational		State/Co	Ounty Organizational		Referendum Organizational		
Independent	Referendum Joint Fundraiser		Thirty-five day			Quarterly		Pre-referendum		
Expenditure Legal Expense F			Thinty-five day			Zuarterry		Tre-referendam		
7. Type of Fund	(if applicable, check one)		Pre-primary			First		Final		
Booster Fund"			Pre-election			Second		Supplemental Final		
Building Fund			Pre-runoff			Third		Annual		
		$ \Box $	Semi-annual Mid Year		ll s	Fourth Semi-annual		Special		
Other:			Year End			Mid Year		10. Special Report Name		
			Final			Year End		• • • • • • • • • • • • • • • • • • • •		
8. Number of Fund	Iraisers this Report		Special		F	Final				
0						Special				
11. Account Inform			· - ·			nformation				
a. Financial Institution		a. Financial Institution Full Name								
b. Purpose c. Account Code				b. Purpose				c. Account Code		
Checking d. Period Begin Balance										
		<u> </u>						d. Period Begin Balance		
s 1, 561, 2								\$		
CERTIFICATION								<u> </u>		
		ance wi	th all applica	ble pro	visions c	of Article 22A.	22B. &	22D-22M of Chapter 163 of		
the NC General Stat	tutes and that no funds are co	mmingl	ed with proh	ibited o	or other n	non-disclosed fu		further certify that this report		
	d correct and that I have been		by the NC S	state Bo	oard of E	lections.	1	11 1 20.3		
Urra	Printed Name of Signs N	IEN		Pu	of Appoint	ed Treasurer	W_	10 - 1 - 20 1-3 Date		
FOR OFFICE USE		., , , , ,	31	gnature	л дрроше	cu Treasurer		Date		
Date Received:	n ct 0 1 2013		Employee:		_\$	8	D	elivery <u>Method</u>] Normal Mail		
Date Postmarke	ed: DÜRHAM BOE		Employee:				2	Registered Mail Hand Delivered		
								Signer has not received		
Date Data Ente	red:		Employee:					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.										

Amendment

Yes

No

Use this form to summarize all disclosure reporting forms and to total monetary information. 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report Total this **Start of Election Cycle:** January 1, Reporting Period **Election Cycle** 1.567.27 1,561.27 Cash on Hand at Start **Aggregated Contributions from Individuals** (CRO-1205) \$ 5) \$ 645,00 **Contributions from Individuals** \$ (CRO-1210) \$ \$ **Contributions from Political Party Committees** (CRO-1220) \$ **Contributions from Other Political Committees** (CRO-1230) 8) **Loan Proceeds** (CRO-1410) \$ 9) \$ Refunds/Reimbursements To the Committee (CRO-1240) **Other Receipt Sources** \$ **Interest on Bank Accounts** (CRO-1250) \$ \$ **Contributions from Not-for-Profit Organizations** 11b) (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund – Other Sources (CRO-1270) \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ 64501) 645.00 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12) 13) Disbursements 199.88 \$ 13a) Operating Expenditures (CRO-1310) \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) **Aggregated Non-Media Expenditures** \$ \$ 14) (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ **In-Kind Contributions** (CRO-1510) 17) 18) **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) Non-Monetary Gifts Given to Other Committees \$ 20) (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) **Debts and Obligations owed By the Committee** 22) (CRO-1610) **Debts and Obligations owed To the Committee** 23) (CRO-1620) **Account Transfers Within the Committee** (CRO-1720) \$ 24) \$ **Administrative Support** (CRO-1710) 25) (CRO-1440) \$ Forgiven Loans 26) **48-Hour Notice Reports Sum** \$ \$ 27) (CRO-2200) Contributions to be Refunded \$ (CRO-1215) 28)

Contri	butions from	Individuals		Pg			Yes No		
Use this fo	orm to report indiv	idual contributions ov	er \$50	or contributions under	\$50 if form CRC	1205 is not	used		
		nd Fund if applicab				2. ID Numl	oer		
			ra (Tole-McFad					
<u> </u>	butor Information			Add Reme	ove	d Comments			
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments			
À.	city, state, & zip)			Attorney					
Craigie + Tracie Sanders				c. Employer's Name/Spec	cific Fi el d				
4 futry Mill Circle				Kyd Gate	5	e. Election Sum to Date			
Durham, NC 21703					\$ 100.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
		Check			7-29-		\$100.00		
							\$		
							\$		
3. Contri	butor Informatio	n		Add Rem	ove				
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comments			
(include city, state, & zip)				Realtor					
Q	11/2/20			c. Employer's Name/Spe	eific Field				
η_{ℓ}	aiph uwe,	V 5		c. Employer's Name/Spe	enc ried				
p_{ℓ}	alph Owe, O Box 519	90b		Self-emp	ployed	e. Election Sum to Date			
Durhan, NC 27717				1	1	\$			
, ~··/u	Ci flattiff -	01111							
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	· · · · · · · · · · · · · · · · · · ·	 	i. In-I	Kind Description) 2013	\$ 500.00		
	· · · · · · · · · · · · · · · · · · ·	h. Form of Payment	i. In-F	Kind Description					
	· · · · · · · · · · · · · · · · · · ·	h. Form of Payment	i. In-H	Cind Description			\$ 500.00		
f. Prior	· · · · · · · · · · · · · · · · · · ·	b. Form of Payment Check	i. In-H	ind Description Add □ Rem	9-14.		\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment Check	i. In-H		9-14.		\$ 500.00 \$ \$		
f. Prior	g. Account Code	h. Form of Payment Check	i. In-F	Add Rem	9-14.	-2013	\$ 500.00 \$ \$		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	b. Form of Payment Check DR & Phone	i. In-H	Add □ Rem	9-14.	-2013	\$ 500.00 \$ \$		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	b. Form of Payment Check DR & Phone	i. In-H	Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9-14.	-2013	\$ 500.00 \$ \$		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	b. Form of Payment Check DR & Phone	i. In-H	Add Rem b. Job Title/Profession Retired	9-14.	d. Comments	\$ 500.00 \$ \$		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	h. Form of Payment Check		Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9-14.	d. Comments	\$ 500.00 \$ \$		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip) Karl B Lake u Durham	b. Form of Payment Check Phone Whethe Ord Rue NC 21101		Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9 - 14.	d. Comments	\$ 500.00 \$ \$ um to Date		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip) Karl B Lake u Durham	b. Form of Payment Check Phone Whethe Ord Rue NC 21101		Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9 - 14.	d. Comments	\$ 500.00 \$ \$ um to Date 0.00 k. Amount		
f. Prior	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip) Karl B Lake u Durham	b. Form of Payment Check Phone Whethe Ord Rue NC 21101		Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9 - 14.	d. Comments e. Election S \$ \(\frac{1}{2} \)	\$ 500.00 \$ \$ \$ um to Date \$.00 k. Amount \$ \$		
f. Prior 3. Contri a. Full Nan (include	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip) Karl B Lake u Durham	b. Form of Payment Check DR Phone Whette O 10d Rye NC 2110 (h. Form of Payment		Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9 - 14.	d. Comments e. Election S \$ \(\frac{1}{2} \)	\$ 500.00 \$ \$ \$ um to Date \$.00 k. Amount \$ \$		
f. Prior 3. Contri a. Full Nan (include	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip) Rar B La Ce a Dur La Ce a g. Account Code	b. Form of Payment Check Phone Whette Odd flye NC 21101 h. Form of Payment		Add Rem b. Job Title/Profession Retired c. Employer's Name/Spe	9 - 14.	d. Comments e. Election S \$ \(\frac{1}{2} \)	\$ 500.00 \$ \$ um to Date 0.00 k. Amount \$		

Amendment

				4	Amen	dment	
Disbursements	Pg	<u> </u>	of			Yes	No
Use this form to report expenditures from the committee for; operating ex	penses.	, contribut	ions to o	candida	te/politi	ical	
committees and coordinated party expenditures.							

	ull Name (and Fun		٦,	P-MOE. J.	,	1		2. ID Number
Committee to Re-Klect Cora Cole-MCFadden								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Coordinated Party Expenditures Coordinated Party Expenditures								
		Contributions to Car			es Total		ordinate	d Party Expenditures
4. Payee Inform			A		<u>. </u>	Remove	1	
a. Full Name, Maili	ing Address & Phone		b.	Coordinated Committ	tee Na	me	d. Co	mments
(include city, state,	& zip)							
Durham County Board of Elections			c. Level Registered (Specify) Federal County:			County:		
				State		Municipality:	e. Ele	ction Sum to Date
DurhansNC							\$ /	99.88
f. Account Code	g. Form of Payment	h. Purpose Code	Ή	i. Date (mm/dd/yyyy))	j. Amount	k. Re	quired Remarks
	Check			4-5-2	0/3	\$	K.	· Ling Fee
					- , -	\$		
4. Payee Inform	ation		Ac	dd		Remove	3 3	
	ng Address & Phone	<u></u>		Coordinated Committ	tee No		d. Co	mments
	o .		-	Coordinated Committee			u. co	imiters
(include city, state,	& zip)		1					
				I arrel Danistanad (Co.	-:6.)		-	
			C. I	Level Registered (Spec	CHY)	~ .	ł	
			<u> </u>	Federal [4	County:		
				State [Municipality:	e. Ele	ction Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy))	j. Amount	k. Re	quired Remarks
						\$		
						\$		
4. Payee Inform	etion		Ac	aa I	\mathbf{n}^{-1}	Remove	<u> </u>	
	The state of the s		y	Coordinated Committ	las Nis		1 Ca	
,	ng Address & Phone		D. \	Coordinated Committ	RAI 331	me	u. Co	mments
(include city, state,	& zip)		-					
			ļ					
			c. I	Level Registered (Spec	cify)			
			<u> </u>	Federal	╛	County:		
			با	State	<u> </u>	Municipality:	e. Ele	ction Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Rec	quired Remarks
						\$		
						\$		
5. Total only thi	is Page						\$	190 18
							Ψ	1 1 1 1 1 1 1 1
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)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media E - Salaries I - Postage O* - Other	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							