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 info	ormation.	
1. Committee Information		c. ID Number
a. Full Name		
Committee to 2	Tleet Fred faiter	43-3749026 d. Date Filed
b. Mailing Address (include City, State	and Zip Code)	d. Date Flied
Paker 157		
1.2. 492 37	1 C	e. Phone Number
Durkan No	27704	(919) 479-8305
2 Report Year 3. Period Start	Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Tre	asurer Full Name
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2016 エノブとの 6. Type of Committee (Check O		f report from one category)
Candidate Campaign Party	Municipal State/County	Referendum
	crendum Organizational Organizational	Organizational
☐ Independent Expenditure ☐ Joint	t Fundraiser Thirty-five day Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary First	Supplemental Final
	Pre-election Second	Annual
7. Type of Fund (if applicable,	check one)	Special
☐ Booster Fund	Sciii-ainidai	
☐ Building Fund	☐ Mid Year Semi-annual ☐ Year End ☐ Mid Year	10. Special Report Name
L	Final Year End	
Other:		• ,
8. Number of Fundraisers this	Special	
4/	11. Account information	
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a. Financial Institution Full Name		
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CERTIFICATION		163
I certify that the Committee or Fu	and is in compliance with all applicable provisions of Article 2	2A, 22B & 22D-22M of Chapter 103
	funds are commingled with prohibited of other house	losca lands: I lands
report is complete, true and corre	ct and that I have been trained by the NC State Board of Election	ions.
	11 21 10	7-8-16
Jerm Hear	Signature of Appointed Treasurer	Date
	mer Signature of Appendix	
Printed Name of Sig	11	
	6/1-	Delivery Method
FOR OFFICE USE ONLY	7/8/16 Employee: 5 6	Delivery Method Normal Mail
Printed Name of Sig	7/8/16 Employee: 5 d	
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FOR OFFICE USE ONLY Date Received:	7/8/16 Employee: 5 6 Employee:	☐ Normal Mail ☐ Registered Mail
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Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form of	Employee: Employee: Employee: Employee: cannot be used to amend committee information such as	☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training the committee address, treasurer, information.
Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form of	Employee: Employee: Employee: Employee:	☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training the committee address, treasurer, information.

IN PERSON JUL 0 8 2016

Amendment ☐ Yes

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 43-374226 Total this Total this **Election Cycle** January 1, Start of Election Cycle: Reporting Period 5/00,00 2766.44 4) Cash on Hand at Start RECEIPTS 468300 5) Aggregated Contributions from Individuals 150.00 (CRO-1205) 5 18821,00 (CRO-1210) 6) Contributions from Individuals (00 a) S 7) Contributions from Political Party Committees (CRO-1220) 750,00 S (CRO-1230) 8) Contributions from Other Political Committees 700,00 100,00 S (CRO-1410) 9) Loan Proceeds 37500 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources (CRO-1250) S 11a) Interest on Bank Accounts S 11b) Contributions from Not-For-Profit Organizations (CRO-1250) S S 47.44 S 46.94 (CRO-1250) 11c) Outside Sources of Income S S (CRO-1270) 11d) Legal Expense Fund - Other Sources S (CRO-1265) S 11e) Exempt Purchase Price Sales 28276,44 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a.11b,11c,11d and 11e) EXPENDITURES 13) Disbursements 5 27493.64 (CRO-1310) 4280,58 13a) Operating Expenditures 200,00 13b) Contributions to Candidates/Political Committees (CRO-1310) S (CRO-1310) S 13c) Coordinated Party Expenditures S 5 (CRO-1315) 14) Aggregated Non-Media Expenditures S 00,00 (CRO-1420) S 15) Loan Repayments 5 S 16) Refunds/Reimbursements from the Committee (CRO-1320) S (CRO-1510) S 17) In-Kind Contributions 5 27793,64 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 5 42 20, 17 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) S 22) Debts and Obligations owed by the Committee S (CRO-1610) (CRO-1620) 23) Debts and Obligations owed to the Committee S (CRO-1720) 24) Account Transfers Within the Committee S (CRO-1710) 25) Administrative Support S S (CRO-1440) 26) Forgiven Loans S S (CRO-2220) 27) 48-Hour Notice Reports Sum S S (CRO-1215) 28) Contributions to be Refunded August 2008

Disbursements	D	is	bi	ur	S	en	16	en	ts
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Disbursements

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Disbursements

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Contributions from Other Political Committees ⊠w ☐ Yes Use this form to report contributions from other candidate, referendum or PAC committees 2. ID Number 1. Committee Full Name (and Fund if applicable) 43-3749026 Add Remove 3. Contributor Information d. Comments b. Type of Committee . Full Name, Mailing Address & Phone Candidate (include city, state, & zip) Referendum c. Level Registered (Specify) County: Federal e. Election Sum to Date Municipality: State i. Date (mm/dd/yyyy) j. Amount Account Code g. Form of Payment h. In-Kind Description \$ 100,00 \$ Add Remove 3. Contributor Information d. Comments b. Type of Committee a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum Butta-Lield for Congress c. Level Registered (Specify) P. a. New 257) County: Federal Municipality: e. Election Sum to Date State Wilson, NC 27894 i. Date (mm/dd/yyyy) j. Amount h. In-Kind Description f. Account Code g. Form of Payment \$ 600,00 \$ ☐ Remove ☐ Add 3. Contributor Information b. Type of Committee d. Comments a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date ☐ State j. Amount i. Date (mm/dd/yyyy) h. In-Kind Description g. Form of Payment . Account Code \$ \$ \$ \$ 7000 4. Total only this Page 5. Total of ALL CRO-1230 Pages \$ 700,00 (This line must be on line 8 of Detailed Summary Page CRO-1100)

Amendment