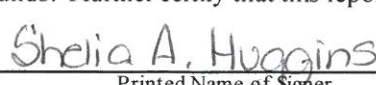
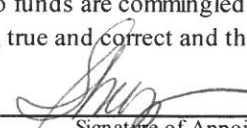
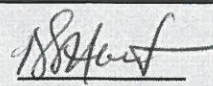


Disclosure Report Cover

Amendment

☐ 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	
FRIENDS OF SHELIA HUGGINS				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2408 TAMPA AVENUE DURHAM, NC 27705			01/26/2018	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2017	10/24/2017	12/31/2017	SHELIA ANN HUGGINS	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Par.y <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Municipal <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 type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </div> <div style="width: 30%;"> State/County <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 </div> <div style="width: 30%;"> Referendum <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 </div> </div>		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIRST CITIZENS BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
RECEIVE CONTRIBUTIONS AND MAKE EXPENDITURES RELATED TO	A1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$		\$	
CERTIFICATION				
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 non-disclosed funds. I further certify that this report is complete, true and correct and that, I have been trained by the NC State Board				
 Printed Name of Signer		 Signature of Appointed Treasurer		01/26/2018 Date
FOR OFFICE USE ONLY				
Date Received:	1/26/18	Employee:		
Date Postmarked:	IN PERSON	Employee:		
Date Scanned:	JAN 26 2018	Employee:		
Date Data Entered:	DURHAM BOE	Employee:		
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received 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.				

Detailed Summary

Amendment

☐ Yes ☒ No

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 Report		3. ID Number	
FRIENDS OF SHELIA HUGGINS		2017 Year End Semi-Annual			
Start of Election Cycle: January 1, 2017		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ (643.64)		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$ 2,450.00	
6) Contributions from Individuals (CRO-1210)		\$ 600.00		\$ 7,685.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 22.00	
11) Other Receipt Sources					
11a, Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 700.00		\$ 10,157.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 617.50		\$ 6,415.41	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 3,500.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 230.09		\$ 882.82	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 150.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 847.59		\$ 10,948.23	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (791.23)		\$ (791.23)	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 1,521.17	

IN PERSON

JAN 26 2018

DURHAM BOE

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF SHELIA HUGGINS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Check		11/03/2017	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Check		11/03/2017	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Check		10/27/2017	\$ 50.00	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 100.00	

CRO-1205

NC State Board of Elections

April 2007

IN PERSON

JAN 26 2018

DURHAM BOE

Contributions from Individuals

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS OF SHELIA HUGGINS							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PATRIK CONTEH 3419 HILLSBOROUGH ST DURHAM, NC 27701 IN PERSON JAN 2 6 2018 DURHAM BOE				MANAGER			
				c. Employer's Name/Specific Field			
				MILLENIUM SPORTS CLUB		e. Election Sum to Date	
		\$		100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A1	Money Order		11/06/2017	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
COURTNEY CROWDER PO BOX 28894 RALEIGH, NC 27611-8894				CONSULTANT			
				c. Employer's Name/Specific Field			
				CROWDER CONSULTING CO		e. Election Sum to Date	
		\$		100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A1	Credit Card		11/06/2017	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ERIC ELLISON 112 N MARSHALL ST WINSTON-SALEM, NC 27101-2827				ATTORNEY			
				c. Employer's Name/Specific Field			
				ERIC ELLISON		e. Election Sum to Date	
		\$		200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A1	Credit Card		10/27/2017	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 600.00	

Contributions from Individuals

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF SHELIA HUGGINS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROBINSON EVERETT 8 CHANCERY PLACE DURHAM, NC 27707-5001				MANAGER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				TEAM, INC		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	A1	Credit Card		11/03/2017		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MARVA MANLEY 1008 CHESAPEAKE PLACE GREENVILLE, NC 27858				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	A1	Check		11/03/2017		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 600.00

CRO-1210

NC State Board of Elections

April 2007

IN PERSON

JAN 26 2018

DURHAM BOE

Disbursements

Pg 1 of 2

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF SHELIA HUGGINS						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
INTERNATIONAL MINUTE PRESS 2210 PAGE ROAD STE 103 DURHAM, NC 27703 (919) 294-9918						
				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:		
						\$ 369.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A1	Debit Card	B	10/30/2017	\$ 128.90	CAMPAIGN HANDOUTS	
A1	Debit Card	B	11/07/2017	\$ 194.54	CAMPAIGN HANDOUTS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SHAMONEE MOBLEY RALEIGH, NC						
				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:		
						\$ 160.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A1	Electric Funds Tran	O	11/07/2017	\$ 80.00	CAMPAIGN WORKER FEE	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PARK DURHAM 101 CITY HALL PLAZA DURHAM, NC 27701						
				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:		
						\$ 74.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A1	Debit Card	O	12/08/2017	\$ 65.00	PARKING/LATE FEE	
				\$		
5. Total only this Page					\$ 468.44	
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)					\$ 617.50	
7. Purpose Codes (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		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS OF SHELIA HUGGINS							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES 3600 NORTH DUKE STREET DURHAM, NC 27704 (919) 479-9352							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 67.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A1	Debit Card	K	10/30/2017	\$ 57.18	OFFICE SUPPLIES		
				\$			
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TARGET 4037 DURHAM-CHAPEL HILL BLVD DURHAM, NC 27707							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 52.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A1	Debit Card	K	12/04/2017	\$ 52.68	OFFICE SUPPLIES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
USPS 3520 KANGAROO DRIVE DURHAM, NC 27705 (919) 420-5230							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 39.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A1	Debit Card	I	12/04/2017	\$ 19.60			
A1	Debit Card	I	12/11/2017	\$ 19.60			
5. Total only this Page						\$ 149.06	
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)						\$ 617.50	
7. Purpose Codes (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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF SHELIA HUGGINS						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	10/27/2017	\$ 14.15	FOOD FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	11/09/2017	\$ 6.70	FOOD FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	11/09/2017	\$ 13.39	FOOD FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	10/31/2017	\$ 3.00	PAPER STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	11/20/2017	\$ 3.00	PAPER STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	12/29/2017	\$ 3.00	PAPER STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	B	10/24/2017	\$ 46.26	CAMPAIGN HANDOUTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	10/25/2017	\$ 10.75	FOOD FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	10/24/2017	\$ 13.61	FOOD FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	10/27/2017	\$ 1.50	PARKING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	11/06/2017	\$ 1.50	PARKING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	11/02/2017	\$ 11.49	BANK CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	12/04/2017	\$ 27.17	BANK CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	11/24/2017	\$ 16.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Electric Funds Tran	O	12/26/2017	\$ 16.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	K	10/30/2017	\$ 3.54	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	K	10/30/2017	\$ 6.43	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	11/07/2017	\$ 32.60	TRANSPORTATION FOR WORKER
4. Total only this Page					\$ 230.09	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 230.09	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

IN PERSON

JAN 26 2018

DURHAM BOE