

JAN 30 2017

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.

I. Committee Information				
a. Full Name <i>Dredell County Democratic Party</i>			c. ID Number <i>STA C3895001</i>	
b. Mailing Address (include City, State and Zip Code) <i>PO Box 1025 Statesville, NC 28687</i>			d. Date Filled <i>1-27-16</i>	
			e. Phone Number <i>704-9724451</i>	
2. Report Year	3. Period Start Date (month/year)	4. Period End Date (month/year)	5. Treasurer Full Name	
	<i>1-1-16</i>	<i>12-31-16</i>	<i>Betty R. James</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input checked="" type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
		<i>JAN 31 2017</i>		
b. Purpose		b. Purpose		c. Account Code
<i>Account for Receipts & Expenditures</i>				<i>MEW</i>
c. Account Code		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 of Elections.				
<i>Betty Ruth James</i>		<i>Betty R. James</i>		<i>1-27-16</i>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	Employee:	Delivery Method		
Date Postmarked: <i>Jan 27, 17</i>	Employee: <i>DMC</i>	<input checked="" type="checkbox"/> Normal Mail		
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail		
Date Data Entered:	Employee:	<input 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.				

SCANNED

Disbursements

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	
Judea County Democratic Party						STAC 3895 0001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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	
PSNC Energy PO Box 100256 Columbia, SC 29202							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1413	K	1-11-16	\$61.89			
	check 1418	K	2-10-16	\$22.14			
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	
PSNC Energy PO Box 100256 Columbia, SC 29202							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1425	K	3-18-16	\$94.66			
	check 1429	K	4-19-16	\$39.02			
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	
PSNC Energy PO Box 100256 Columbia, SC 29202							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1434	K	5-10-16	\$19.40			
	check 1442	K	6-14-16	\$19.41			
5. Total only this Page						\$ 256.52	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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

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
Sheffield County Democratic Party						STA C3895 (06)
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input 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
NCSBE						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1415	J	1-21-16	\$205.33		
	check 1417	J	2-4-16	\$205.33		
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
NCSBE						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1422	J	3-16-16	\$205.33		
	check 1426	J	4-15-16	\$205.33		
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
Evelyn						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1436	K	5-10-16	\$6.58	Paper travel	
	check 1443	K	6-14-16	\$136.7	Car + Paper travel	
5. Total only this Page						\$ 841.37
6. Total of ALL CRO-1310 Pages						\$
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

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	
Meredith County Democratic Party						SIA 03895 0001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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	
Gene Millsaps							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1416	O	1-21-16	\$ 378.61	FOR 48" TV ✓		
	check 1421	K	3-8-16	\$ 288.93	For water Heater ✓		
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	
September McCready 2604 Hickory Hurst Statesville, NC 28677 704 498 0043							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1428	K	4-16-16	\$ 93.20	Mobile Net Spnt ✓		
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	
Wilson Security Service							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00 ✓	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1433	K	5-6-16	\$ 75.00			
5. Total only this Page						\$ 830.04	
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		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

Pr 4 of 14 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	
Chadwell County Democratic Party				STA C38956001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input 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
City of Statesville PO Box 1111 Statesville, NC 28681					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check 1414	K	1-21-16	\$ 119.25	
	check 1420	K	2-22-16	\$ 109.87	
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
City of Statesville PO Box 1111 Statesville, NC 28687					
			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:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check 1424	K	3-18-16	\$ 270.46	
	check 1430	K	4-25-16	\$ 146.70	
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
City of Statesville PO Box 1111 Statesville, NC 28687					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check 1439	K	5-19-16	\$ 97.33	
	check 1440	K	6-21-16	\$ 117.17	
5. Total only this Page					\$ 860.78
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	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

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	
Inness County Democratic Party						STA038950001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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	
Credit & Loan PO Box 366 Stateville, NC 28681							
				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:		\$ 1000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1412	R		\$ 500.00	Rent		
	check 1419	K	2-18-10	\$ 500.00	Rent		
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	
Credit & Loan PO Box 366 Stateville, NC 28681							
				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:		\$ 2,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1423	K	3-16-16	\$ 500.00	Rent		
	check 1427	K	4-15-16	\$ 500.00	Rent		
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	
Credit & Loan PO Box 366 Stateville, NC 28681							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1437	K	5-19-16	\$ 500.00	Rent		
	check 1440	K	6-12-16	\$ 500.00	Rent		
5. Total only this Page						\$ 3,000.00	
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		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

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	
Jedell County Democratic Party						STA 63895 0001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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	
State Farm Insurance							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 142	K	5-4-16	\$120.75	Insurance		
	check 1451	K	8-5-16	\$121.73	"		
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	
State Farm Insurance							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 364.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1473	K	11-2-16	\$121.78	Insurance		
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	
Impact							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1444	K	6-14-16	\$35.00			
5. Total only this Page						\$ 399.26	
6. Total of ALL CRO-1310 Pages						\$	
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

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 # applicable)						2. ID Number
Indeh County Democratic Party						57A03895001
3. Type of Disbursement (Please use numeric CRO-1310 terms for each type of Disbursement)						
<input 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) NC SBE				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	
	check 1036	J	5-18-16	\$205.33		
	check 1441	J	6-10-16	\$205.33		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC SBE				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	
	check 1449	P	7-22-16	\$205.33		
	check 1456	P	8-22-16	\$205.33		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC SBE				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1231.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1458	J	9-19-16	\$205.33		
	check 1466	J	10-10-16	\$205.33		
5. Total only this Page						\$ 1231.98
6. Total of ALL CRO-1310 Pages						\$
<small>(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)</small>						
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

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	
Inchel County Democratic Party						STA C3895C001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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	
Credit and Loan Post Office 366 Statesville, NC 28687							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 4,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1446	K	7-19-16	\$ 500.00	Rent		
	check 1455	K	8-22-16	\$ 500.00	Rent		
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	
Credit and Loan PO Box 366 Statesville, NC 28687							
				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:		\$ 5000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1459	K	9-19-16	\$ 500.00	Rent		
	check 1473	K	11-2-16	\$ 500.00	Rent		
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	
Credit + Loan PO Box 366 Statesville, NC 28687							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 6000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1475	K	11-22-16	\$ 500.00	Rent		
	check 1482	K	12-24-16	\$ 500.00	Rent		
5. Total only this Page						\$ 3,000.00	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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

Page 9 of 14 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
Judith County Democratic Party						STA 03895 0001
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input 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
City of Statesville PO Box 1111 Statesville, NC 28687						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1447	K	7-19-16	\$ 102.12		
	check 1454	K	8-23-16	\$ 113.43		
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
City of Statesville PO Box 1111 Statesville, NC 28687						
				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:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1461	K	9-16-16	\$ 135.61		
	check 1471	K	10-24-16	\$ 173.45		
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
City of Statesville PO Box 1111 Statesville, NC 28687						
				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:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check 1479	K	11-23-16	\$ 234.88		
	check 1480	K	12-21-16	\$ 267.07		
5. Total only this Page						\$ 1026.48
6. Total of ALL CRO-1310 Pages						\$
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						
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

Page 10 of 14 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	
SFA Inceff County Democratic Party						STA C38956001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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	
PSNC Energy PO Box 100256 Columbia, SC 29202							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1446	K	7-19-16	\$ 19.61			
	check 1453	R	8-19-16	\$ 18.743			
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	
PSNC Energy PO Box 100256 Columbia, SC 29202							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1460	K	9-15-16	\$ 20.09			
	check 1478	K	11-22-16	\$ 20.83			
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	
PSNC Energy PO Box 100256 Columbia, SC 29202							
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:						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1483	R	12-24-16	\$ 20.80			
	check 1468	K	11-14-10	\$ 20.09			
5. Total only this Page						\$ 119.92	
6. Total of ALL CRO-1310 Pages						\$	
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

Pr 11 of 14 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	
Innes County Democratic Party						STA 03845000	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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	
Unles State Posted Service							
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1452	K	8-15-16	\$ 70.00	Rent of PO Box		
				\$			
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	
Printers Print Crafters							
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1457	B	9-8-16	\$ 103.13	Hand out		
	check 1465	B	10-4-16	\$ 103.70	" "		
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	
Print Crafters							
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	B	10-14-16	\$ 118.49	Printing tickets		
	check	B	11-22-16	\$ 391.33	Hand out		
5. Total only this Page						\$ 788.65	
6. Total of ALL CRO-1310 Pages						\$	
<small>(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)</small>							
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

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	
STH <u>Stredell County Democratic Party</u>						STA <u>C3895 COM</u>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input 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	
<u>Stredell County Agricultural Fair</u>							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>400.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<u>check 1450</u>	<u>C</u>	<u>8-4-16</u>	<u>\$ 400.00</u>	<u>Fundraising</u>		
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	
<u>Mooresville Ice Cream</u>							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>535.71</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<u>check 1463</u>		<u>9-19-16</u>	<u>\$ 535.71</u>			
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	
<u>Uncle C's BBQ</u>							
				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:		\$ <u>990.82</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<u>check 1470</u>	<u>C</u>	<u>10-17-16</u>	<u>\$ 990.82</u>			
5. Total only this Page						\$ <u>1,926.53</u>	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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

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	
Medell County Democratic Party						STA 63895001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input 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	
Wendy Wooten							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 200.00	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1472	C	10-24-16	\$ 200.00			
				\$			
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	
Sam Hall							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1474	C	11-8-16	\$ 584.43	Stems for Judiciary		
				\$			
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	
NCSBE							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check 1477	J	11-22-16	\$ 205.33			
	check 1481	J	12-24-16	\$ 205.33			
5. Total only this Page						\$ 1135.09	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

Contributions from Individuals

Page 1 of 7 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	
Iredell County Democratic Party						STA C38956001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Judge Robert Collier PO Box				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		9/12 check		1-10-16	\$ 500.00		
<input type="checkbox"/>		9/68 check		2-22-16	\$ 500.00		
<input type="checkbox"/>		check		3-15-16	\$ 500.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gene Millsap 131 Spent Court Way Mooresville, NC 28117				b. Job Title/Profession		d. Comments Return TV and paid Party	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		6/14 9/15 check		2-28-16 4-28-16	\$ 373.61		
<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) Judge Robert Collier				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		9/25 check	Combustion	4-20-16	\$ 500.00		
<input type="checkbox"/>		check		5-16	\$ 500.00		
<input type="checkbox"/>		check		6-16	\$ 500.00		
4. Total only this Page						\$ 3373.61	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1200)</i>							

Contributions from Individuals

Page 2 of 7 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	
Inchel County Democratic Party						STA C3895C001	
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	
Jay Greenfield 127 Forley Lane Troutman, NC 28166				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		1531 check		1-12-16	\$ 100.00		
<input type="checkbox"/>	C	check		10-11-16	\$ 100.00		
<input type="checkbox"/>		check		7-17-16	\$ 100.00		
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	
Linda Gaither 439 Hill Road Olin, NC 28660				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	C	check		10-16-16	\$ 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	
Alan Carpenter 339 Oakhurst Road Statesville, NC 28677				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		C	check	10-11-16	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1200)</small>							

Contributions from Individuals

Page 3 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	
Inadell County Democratic Party						STA 03895 0001	
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	
Larry Mc Cain 1726 Charlotte Hwy Mooreville, NC 28115							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	c	check		10-11-16	\$ 100.00		
<input type="checkbox"/>		check		7-18-16	\$ 100.00		
<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	
Rose P. Speere PO Box 40 Union Grove, NC 28689							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				/		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	c	check		10-14-16	\$ 250.00		
<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	
Rose Dinah Daniels 621 Friendship Rd Statesville, NC 28626							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	c	check		10-22-16	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment
Pg 4 of 7 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
Indeed County Democratic Party						STAC38950001
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Preston Cornelius 2027 Charlotte Hwy Mooresville, NC 28117						
				c. Employer's Name/Specific Field	e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	e	check		10-21-16	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Carolyn Sharpe 3407 Pinehurst Rd Statesville, NC 28625						
				c. Employer's Name/Specific Field	e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	check		10-21-16	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Evelyn Junderbeck 198 Janwood Dr Statesville, NC 28625						
				c. Employer's Name/Specific Field	e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		7-12-16	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Page 5 of 7 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	
Inaded County Democratic Party						SIA C38950001	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sam Nare 401 Snow Creek Road Statesville, NC 28677				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		7-30-16	\$ 125.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Betty Johnson 305 N. Oak Street Statesville, NC 28677				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		8-9-16	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Carolyn Dellinger 140 Carodell Lane Statesville, NC				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		7-18-16	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 325.00	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Page 6 of 7 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	
Iredell County Democratic Party						STA C3895 0001	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Gene McHaffey 460 Butch Branch Rd Union Grove NC 28689							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		7-12-16	\$ 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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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	
Indes County Democratic Party						STA C3895 C001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Judge Robert Callier PO Box 295 Statesville, NC 28687				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 1500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		7-18-16	\$ 500.00		
<input type="checkbox"/>		check		8-25-16	\$ 500.00		
<input type="checkbox"/>		check		9 16	\$ 500.00		
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	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<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	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1500.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

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		c. ID Number
a. Full Name Iredell County Democratic Party		STA 003895 0001
b. Mailing Address (include City, State and Zip Code) PO Box 1625 Statesville, NC 28687		d. Date Filed
		e. Phone Number

2. Report Year	3. Period Start Date (month/year)	4. Period End Date (month/year)	5. Treasurer Full Name

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
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"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	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 of Elections.

 Printed Name of Signer

 Signature of Appointed Treasurer

 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

Contributions from Political Party Committees

Page 1 of 1 Amendment Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Chedell County Democratic Party						STAL3895 0001	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
North Carolina Democratic Party NC Federal A2 PO Box 1926 Raleigh, NC 27602							
						c. Election Sum to Date	
						\$ 1355.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
	check		10-27-2016	\$ 355.00			
	check		5-25-2016	\$ 500.00			
	check		9-26-2016	\$ 500.00			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
4. Total only this Page						\$ 1355.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1220)						\$ 1365.00	

Aggregated Contributions from Individuals

Page 1 of 16

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	
Ashebor County Democratic Party				STA C3895001	
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		Cash		1-12-16	\$ 9.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		2-11-16	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		2-11-16	\$ 15.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		3- 16	\$ 12.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		3- 16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		3- 16	\$ 27.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4- 12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 11.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		4-12-16	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		5-12-16	\$ 6.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 360.00
5. Total of ALL CRO-1205 Pages					\$
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					

Aggregated Contributions from Individuals

Page 2 of 16

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	
Shedden County Democratic Party					STA 08895 0001	
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		Cash		\$	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		\$	\$ 1.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 22.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 6.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		5-31-16	\$ 10.00	
4. Total only this Page					\$ 244.00	
5. Total of ALL CRO-1205 Pages					\$	
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>						

Aggregated Contributions from Individuals

Page 3 of 16

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		
Dredell County Democratic Party				STA C3895004		
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		Cash		5-31-16	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		↓	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		check ¹⁰⁶⁷			\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		check ⁴⁷⁷			\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			6-14-16	\$ 5.
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			↓	\$ 5.
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash				\$ 10.
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			7-30-16	\$ 12.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash			↓	\$ 12.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove				\$ 12.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove				9-2-16		\$ 8.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove				7-12-16		\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove				8-9-16		\$ 43.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove				8-9-16		\$ 24.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove				10-22-16		\$ 49.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove						\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove						\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove						\$
4. Total only this Page					\$ 291.49	
5. Total of ALL CRO-1205 Pages					\$	
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>						

1. Committee Full Name (and Fund if applicable) <u>Indeell County Democratic Party</u>					2. ID Number <u>STA C08950001</u>
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	<u>C</u>	<u>Cash</u>		<u>10-22-16</u>	\$ <u>25.00</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Add	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
<input type="checkbox"/> Remove	<u>C</u>	<u>Cash</u>			\$ <u>25.0</u>
4. Total only this Page					\$ <u>575.00</u>
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$

Aggregated Contributions from Individuals

Page 6 of 16 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	
Incline County Democratic Party				STA C3895 0001	
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	C	Cash		10-22-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		10-22-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		10-22-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-17-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-17-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-22-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-18-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-22-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-21-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-18-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-14-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-22-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-20-16	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-22-14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-21-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-15-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-22-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-14-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add				10-18-16	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 750.00
5. Total of ALL CRO-1205 Pages					\$
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number		
Indeed County Democratic Party					ST A C3895 C001		
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		Cash		10-11-16	\$ 10.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash		10-11-16	\$ 20.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		↓		10-11-16	\$ 20.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add					10-11-16	\$ 5.00	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add					10-11-16	\$ 5.00	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Check		9-28-16	\$ 36.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash		7-30-16	\$ 25.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		check			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		check			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		check			\$ 24.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		cash			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		cash			\$ 25.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		check			\$ 24.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		Cash			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add		↓			\$ 12.00		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add						\$ 12.00	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add						\$ 12.00	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add					\$ 12.00		
<input type="checkbox"/> Remove							
4. Total only this Page					\$ 358.00		
5. Total of ALL CRO-1205 Pages					\$		
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>							

Aggregated Contributions from Individuals

Page 10 of 16 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
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		Cash		11-1-16	\$ 8.00
<input type="checkbox"/> Remove				11-8-16	\$ 6.00
<input type="checkbox"/> Add					\$ 12.00
<input type="checkbox"/> Remove					\$ 4.00
<input type="checkbox"/> Add					\$ 12.00
<input type="checkbox"/> Remove					\$ 6.00
<input type="checkbox"/> Add					\$ 6.00
<input type="checkbox"/> Remove					\$ 6.00
<input type="checkbox"/> Add					\$ 6.00
<input type="checkbox"/> Remove					\$ 10.00
<input type="checkbox"/> Add					\$ 6.00
<input type="checkbox"/> Remove					\$ 6.00
<input type="checkbox"/> Add					\$ 6.00
<input type="checkbox"/> Remove					\$ 5.00
<input type="checkbox"/> Add					\$ 21.00
<input type="checkbox"/> Remove					\$ 13.00
<input type="checkbox"/> Add					\$ 20.00
<input type="checkbox"/> Remove					\$ 6.00
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 159.00
5. Total of ALL CRO-1205 Pages					\$



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