

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	
SHANETTA 4 DURHAM	2023 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,767.87	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,221.05	\$ 2,221.05
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,050.00	\$ 1,050.00
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	\$ 0.00
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)	\$ 450.00	\$ 450.00
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)		\$ 3,721.05	\$ 3,721.05
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 742.13	\$ 742.13
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 60.40	\$ 60.40
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)	\$ 1,196.05	\$ 1,196.05
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,998.58	\$ 1,998.58
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,490.34	\$ 1,722.47
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)	\$ 740.92	\$ 740.92

IN PERSON

SEP 14 2023

DURHAM BOE

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	
SHANETTA 4 DURHAM							
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		
CLAY AIKEN 8608 LANGTREE LANE RALEIGH, NC 27613			MEDIA				
			c. Employer's Name/Specific Field				
			SELF EMPLOYED		e. Election Sum to Date		
					\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Debit Card		02/27/2023	\$ 500.00		
<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		
BRIAN CALLAWAY 307 GRESHAM AVE DURHAM, NC 27704							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card		03/22/2023	\$ 50.00		
<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		
QUILLIE COATH 1227 SEATON ROAD 36 DURHAM, NC 27713			EXECUTIVE DIRECTOR				
			c. Employer's Name/Specific Field				
			PROUD		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"/>	BCSB01	Debit Card		06/29/2023	\$ 200.00		
<input type="checkbox"/>			IN PERSON		\$		
<input type="checkbox"/>			SEP 14 2023		\$		
4. Total only this Page						\$ 750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,221.05	

DURHAM BOE

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	
SHANETTA 4 DURHAM							
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	
LISA DOYLE 10119 RATCLIFFE MANOR DRIVE FAIRFAX, VA 22030				RESOURCE MANAGER			
				c. Employer's Name/Specific Field			
				AMERICA VOTES			
						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"/>	BCSB01	Debit Card		04/20/2023		\$ 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	
TIEARA FEASTER 503 N WATTERSON ST KINGS'S MOUNTAIN, NC 28086							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	BCSB01	Credit Card		04/06/2023		\$ 25.00	
<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	
BONITA GREEN NC							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	BCSB01	Debit Card		06/14/2023		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,221.05	

IN PERSON
SEP 14 2023

DURHAM BOE

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	
SHANETTA 4 DURHAM							
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		
INEZ GREEN 3011 INDEPENDENCE AVENUE DURHAM, NC 27703							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card		04/05/2023	\$ 50.00		
<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		
BRENDA HOWERTON 3325 TARLETON WEST DURHAM, NC 27713			CONSULTANT				
			c. Employer's Name/Specific Field				
			HOWERTON CONSULTANTS		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"/>	BCSB01	Credit Card		03/29/2023	\$ 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		
DONALD HUGHES 2502M DAKOTA STREET DURHAM, NC 27707							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card	IN PERSON	02/23/2023	\$ 50.00		
<input type="checkbox"/>	BCSB01	Credit Card	SEP 14 2023	02/27/2023	\$ 50.00		
<input type="checkbox"/>	BCSB01	Credit Card	DURHAM BOE	03/29/2023	\$ 50.00		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,221.05	

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	
SHANETTA 4 DURHAM							
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	
SYENE JASMIN 762 EDENBROOK DR WINTERVILLE, NC 28590							
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Debit Card		02/23/2023	\$ 25.00		
<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	
NIKKI LILES 1649 SNOWMASS WAY DURHAM, NC 27713							
						e. Election Sum to Date	
						\$ 5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Debit Card		02/23/2023	\$ 5.00		
<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	
JESSICA MAJOR 3503 LONG RIDGE ROAD DURHAM, NC 27703				ATTORNEY			
						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"/>	BCSB01	Debit Card	IN PERSON	03/29/2023	\$ 250.00		
<input type="checkbox"/>			SEP 14 2023		\$		
<input type="checkbox"/>			DURHAM BOE		\$		
4. Total only this Page						\$ 280.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,221.05	

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	
SHANETTA 4 DURHAM							
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		
CANDICE MANNING 689 NORTH COUNTRY CLUB DRIVE CULLOWHEE, NC 28723							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card		03/03/2023	\$ 20.00		
<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		
MONTFORD MELVIN 808 LONG LAKE DRIVE FUQUAY-VARINA, NC 27526			NOT EMPLOYED				
			c. Employer's Name/Specific Field				
			NOT EMPLOYED		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"/>	BCSB01	Credit Card		03/08/2023	\$ 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		
MARY MOLINA 1410 WATTS STREET DURHAM, NC 27701							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card	IN PERSON	02/23/2023	\$ 25.00		
<input type="checkbox"/>			SEP 14 2023		\$		
<input type="checkbox"/>			DURHAM BOE		\$		
4. Total only this Page						\$ 145.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,221.05	

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	
SHANETTA 4 DURHAM							
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		
WANDA MOSLEY 4687 MASON ROAD ATLANTA, NC 30349							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card		02/23/2023	\$ 50.00		
<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		
ARLENA NWOSU 10001 YELLOW WOOD LANE APT 208 RALEIGH, NC 27617							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 146.05		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	In-Kind	CAMPAIGN T-SHIRTS	06/29/2023	\$ 146.05		
<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		
HILDEGARDE PERRY 702 COKER DRIVE CHAPEL HILL, NC 27517			NURSE PRACTITIONER				
			c. Employer's Name/Specific Field				
			DURHAM VA MEDICAL CENTER		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"/>	BCSB01	Credit Card	IN PERSON	02/27/2023	\$ 100.00		
<input type="checkbox"/>			SEP 14 2023		\$		
<input type="checkbox"/>			DURHAM BOE		\$		
4. Total only this Page						\$ 296.05	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,221.05	

Contributions from Individuals

Pg 7 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	
SHANETTA 4 DURHAM							
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		
KRISTIE PUCKETT WILLIAMS 11119 DAMSON PLUM LANE CHARLOTTE, NC 28215							
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
					\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Debit Card		05/10/2023	\$ 25.00		
<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		
LAURA TORMEY 1201 WALKERTOWN DRIVE RALIEGH, NC 27614			DEVELOPMENT DIRECTOR				
			c. Employer's Name/Specific Field				
			LILLIANA'S LIST		e. Election Sum to Date		
					\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	BCSB01	Credit Card		04/26/2023	\$ 150.00		
<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		
JONATHAN WILSON 11 WATER GARDEN WAY DURHAM, NC 27713			ATTORNEY				
			c. Employer's Name/Specific Field				
			J. WILSON LAW PLLC		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"/>	BCSB01	Debit Card		03/22/2023	\$ 100.00		
<input type="checkbox"/>			IN PERSON		\$		
<input type="checkbox"/>			SEP 14 2023		\$		
4. Total only this Page					\$ 275.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,221.05		

Contributions from Political Party Committees Pg 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	
SHANETTA 4 DURHAM					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
THE NORTH CAROLINA DEMOCRATIC PARTY P.O. BOX 1926 RALEIGH, NC 27602					
				c. Election Sum to Date	
				\$ 1,050.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
BCSB01	In-Kind	VOTERFILE ACCESS	05/24/2023	\$ 1,050.00	
				\$	
				\$	
4. Total only this Page				\$ 1,050.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1,050.00	

CRO-1220

NC State Board of Elections

April 2007

IN PERSON
SEP 14 2023
DURHAM BOE

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SHANETTA 4 DURHAM					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
ROSA - AND -THEIR-SONS ANDERSON 5211 STARDUST DRIVE DURHAM, NC 27712					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 450.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
BCSB01	Credit Card		03/27/2023	\$ 100.00	
BCSB01	Credit Card		05/03/2023	\$ 250.00	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
ROSA - AND -THEIR-SONS ANDERSON 5211 STARDUST DRIVE DURHAM, NC 27712					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 450.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
BCSB01	Credit Card		06/27/2023	\$ 50.00	
BCSB01	Credit Card		06/28/2023	\$ 50.00	
5. Total only this Page				\$ 450.00	
6. Total of ALL CRO-1250 Pages				\$ 450.00	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

CRO-1250

NC State Board of Elections

December 2007

IN PERSON
SEP 14 2023
DURHAM BOE

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
SHANETTA 4 DURHAM						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
24HRWRISTBANDS.COM 14550 BEECHNUT ST HOUSTON, TX 77083						
			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:			
					\$ 49.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BCSB01	Debit Card	A	06/28/2023	\$ 49.00	CAMPAIGN BUTTONS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
FEDEX 4900 NC HIGHWAY 55 DURHAM, NC 27713						
			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:			
					\$ 102.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BCSB01	Debit Card	I	04/25/2023	\$ 102.13		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
GOOD GUYS SIGNS INC. 5002 N HOWARD AVE TAMPA, FL 33603						
			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:			
					\$ 381.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BCSB01	Debit Card	A	06/28/2023	\$ 25.50	VINYL SIGN	
BCSB01	Debit Card	B	06/28/2023	\$ 355.80	CAMPAIGN YARD SIGNS	
5. Total only this Page						\$ 532.43
6. Total of ALL CRO-1310 Pages						\$ 742.13
<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 codes 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 field (k)						

Disbursements

Amendment

Pg 2 of 2 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	
SHANETTA 4 DURHAM							
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	
HARLAND CLARKE 10931 LAUREATE DRIVE SAN ANTONIO, TX 78249							
				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:		\$ 71.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Draft	B	02/16/2023	\$ 71.50	CHECKBOOK PRINTING		
				\$	CHARGE		
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.COM 3710 SHANNON RD DURHAM, NC 27707							
				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:		\$ 113.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	O	04/26/2023	\$ 113.00	POST OFFICE BOX LEASE		
				\$			
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	
WALGREENS 1109 W NC HIGHWAY 54 DURHAM, NC 27707							
				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:		\$ 25.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	I	04/25/2023	\$ 25.20			
				\$			
5. Total only this Page						\$ 209.70	
6. Total of ALL CRO-1310 Pages						\$ 742.13	
(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	SEP 14 2023		Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	DURHAM BOE		G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties			Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable) SHANETTA 4 DURHAM						2. ID Number	
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	BCSB01	Draft	C	02/21/2023	\$ 2.34	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	02/23/2023	\$ 9.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	03/01/2023	\$ 0.30	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	03/04/2023	\$ 1.50	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	03/09/2023	\$ 1.50	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	03/20/2023	\$ 0.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	03/23/2023	\$ 1.50	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	03/26/2023	\$ 6.00	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	04/02/2023	\$ 0.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	04/04/2023	\$ 0.38	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	04/18/2023	\$ 1.50	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	04/23/2023	\$ 2.25	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	04/23/2023	\$ 2.25	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	04/29/2023	\$ 3.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	05/06/2023	\$ 0.38	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	06/12/2023	\$ 0.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	06/23/2023	\$ 0.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	06/26/2023	\$ 0.75	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	06/27/2023	\$ 3.00	FUNDRAISING PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	C	06/29/2023	\$ 2.25	FUNDRAISING PROCESSING	
4. Total only this Page					\$	42.40	
5. Total of ALL CRO-1315 Pages					\$	60.40	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>							
6. Purpose Codes (List detailed expenditure code in (d) above)							
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Func	
* Codes require detailed explanation in required remarks field (g)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
SHANETTA 4 DURHAM						
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	BCSB01	Draft	C	06/30/2023	\$ 3.00	FUNDRASING PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	BCSB01	Draft	O	05/11/2023	\$ 15.00	BANK SERVICE FEE
4. Total only this Page					\$	18.00
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	60.40
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		H* - Holding Public Office Expenses	
I - Postage	J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund	
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

IN PERSON

SEP 14 2023

DURHAM BOE

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
SHANETTA 4 DURHAM			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ARLENA NWOSU 10001 YELLOW WOOD LANE APT 208 RALEIGH, NC 27617		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 146.05	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN T-SHIRTS		06/29/2023	\$ 146.05
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
THE NORTH CAROLINA DEMOCRATIC PARTY P.O. BOX 1926 RALEIGH, NC 27602		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,050.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VOTERFILE ACCESS		05/24/2023	\$ 1,050.00
			\$
			\$
4. Total only this Page			\$ 1,196.05
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1,196.05

CRO-1510

NC State Board of Elections

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IN PERSON

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DURHAM BOE

Contributions to be Reimbursed

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
SHANETTA 4 DURHAM			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ALPHA KAPPA ALPHA SORORITY, INCORPORATED PO BOX 52465 DURHAM, NC 27717		SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
AKA AZO SOUVENIR JOURNAL AD	03/31/2023	Y	\$ 100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CAROLINA ALE HOUSE - DURHAM 3911 DURHAM CHAPEL HILL BLVD DURHAM, NC 27707		NIKKI LILES 1649 SNOWMASS WAY DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR CAMPAIGN KICKOFF	03/26/2023	Y	\$ 295.92
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
USPS.COM 3710 SHANNON RD DURHAM, NC 27707		SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CAMPAIGN POST OFFICE BOX	02/02/2023	Y	\$ 65.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
VISION 6 PRODUCTIONS NC		SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PROFESSIONAL PHOTOGRAPHY DEPOSIT	01/26/2023	Y	\$ 50.00
4. Total only this Page		\$ 510.92	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 740.92	

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SEP 14 2023

DURHAM BOE

Contributions to be Reimbursed

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Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
SHANETTA 4 DURHAM			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
VISION 6 PRODUCTIONS NC		SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PROFESSIONAL PHOTOGRAPY	02/11/2023	Y	\$ 200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
VISION 6 PRODUCTIONS NC		SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PROFESSIONAL PHOTOGRAPHY	02/17/2023	Y	\$ 30.00
4. Total only this Page			\$ 230.00
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 740.92

CRO-1215

NC State Board of Elections

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IN PERSON

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DURHAM BOE