

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number	
SHANETTA 4 DURHAM				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P.O. BOX 13416 DURHAM, NC 27709			09/14/2023	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	07/01/2023	08/29/2023	AMECHI NWOSU	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input checked="" 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		
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIFTH THIRD BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
FOR CAMPAIGN RELATED ACTIVITY	BCSB01			
	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				
<u>Amechi Nwosu</u>		<u>Amechi Nwosu</u>		09/14/2023
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>9/14/23</u>	Employee:	<u>[Signature]</u>	
Date Postmarked:	<u>IN PERSON</u>	Employee:		
Date Scanned:	<u>SEP 14 2023</u>	Employee:		
Date Data Entered:	<u>DURHAM BOE</u>	Employee:		
			Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
			<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
SHANETTA 4 DURHAM	2023 Thirty-five-day		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,490.34	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 1,195.00	\$ 3,416.05
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 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)		\$ 75.00	\$ 75.00
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)		\$ 3,050.00	\$ 3,500.00
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)		\$ 4,320.00	\$ 8,041.05
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2,090.30	\$ 2,832.43
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)		\$ 0.00	\$ 60.40
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 445.00	\$ 445.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 1,196.05
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,535.30	\$ 4,533.88
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,275.04	\$ 3,507.17
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 740.92

IN PERSON

SEP 14 2023

DURHAM BOE

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
LANIER BLUM 11 UPCHURCH CIRCLE DURHAM, NC 27705			c. Employer's Name/Specific Field			
					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		07/07/2023		\$ 200.00
<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	
NIMASHEENA BURNS 1727 GREAT BEND DRIVE 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		07/13/2023		\$ 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	
JAN CROMARTIE 600 WILLARD STREET DURHAM, NC 27701			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	IN PERSON	07/12/2023		\$ 20.00
<input type="checkbox"/>			SEP 14 2023			\$
<input type="checkbox"/>			DURHAM BOE			\$
4. Total only this Page					\$ 270.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,195.00	

Contributions from Individuals

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	
JOSSELYN FARRIOR 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	Cash		07/13/2023	\$ 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	
RAKITA HENRY 64 CANDYTUFF LANE DURHAM, NC 27713						
			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		07/17/2023	\$ 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	
CHARLES HUNT 6015 GRANDALE DRIVE DURHAM, NC 27713			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
					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		08/22/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>			DURHAM BOE		\$	
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)					\$ 1,195.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
MAYA JACKSON 1321 HILL STREET DURHAM, NC 27707							
						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		08/24/2023	\$ 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	
ANTONIO JONES NC							
						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	Check		07/13/2023	\$ 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	
VIRGINIA LEE 36 STONERIDGE PLACE DURHAM, NC 27705				NOT EMPLOYED			
						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	08/25/2023	\$ 250.00		
<input type="checkbox"/>			SEP 14 2023		\$		
<input type="checkbox"/>			DURHAM BOE		\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1,195.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
TIMOTHY MCKEOWN 27 BERMOUTH COURT DURHAM, NC 27705				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		07/05/2023		\$ 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	
ARLENA NWOSU 10001 YELLOW WOOD LANE APT 208 RALEIGH, NC 27617				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 246.05	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	BCSB01	Debit Card		08/09/2023		\$ 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	
EUNICE SANDERS 8 STEEPLTON COURT HILLSBOROUGH, NC 27278				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		07/02/2023		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,195.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
SUSANNAH SOUTHERN NC					
			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		07/20/2023	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 25.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,195.00

IN PERSON
SEP 14 2023
DURHAM BOE

Refunds/Reimbursements To the Committee

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

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)		d. Type of Committee		g. Comments
SHANETTA 4 DURHAM P.O. BOX 13416 DURHAM, NC 27709		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		07/07/2023
		Durham		i. Original Expenditure Amt
				\$ 75.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		REFUND THE DEPOSIT FOR FUNDRAISING EVENT		\$ (75.00)
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
BCSB01	Electric Funds Tran		08/28/2023	\$ 75.00
4. Total only this Page				\$ 75.00
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 75.00

CRO-1240

NC State Board of Elections

December 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	
REALTORS ASSOCIATION NC					
		c. Outside Source Explanation			
				e. Election Sum to Date	
				\$ 3,000.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
BCSB01	Check		08/24/2023	\$ 3,000.00	
				\$	
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	
				\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
BCSB01	Debit Card		07/05/2023	\$ 50.00	
				\$	
5. Total only this Page				\$ 3,050.00	
6. Total of ALL CRO-1250 Pages				\$ 3,050.00	
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 61.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Draft	C	07/02/2023	\$ 0.75	FUNDRASING		
BCSB01	Draft	C	07/05/2023	\$ 0.75	PROCESSING WEBSITE FUNDRASING		

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	
ACTBLUE NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 61.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Draft	C	07/05/2023	\$ 0.75	FUNDRASING		
BCSB01	Draft	C	07/07/2023	\$ 3.00	PROCESSING WEBSITE FUNDRASING		

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	
ACTBLUE NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 61.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Draft	C	07/12/2023	\$ 0.30	FUNDRASING		
BCSB01	Draft	C	07/13/2023	\$ 0.75	PROCESSING WEBSITE FUNDRASING		

5. Total only this Page	\$ 6.30
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6. Total of ALL CRO-1310 Pages	\$ 2,090.30
<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)			

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 (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACTBLUE NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 61.83

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BCSB01	Draft	C	07/17/2023	\$ 0.75	FUNDRASING
BCSB01	Draft	C	07/20/2023	\$ 0.38	PROCESSING WEBSITE FUNDRASING

PROCESSING WEBSITE

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
ACTBLUE NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 61.83

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BCSB01	Draft	C	08/09/2023	\$ 1.50	FUNDRASING
BCSB01	Draft	C	08/22/2023	\$ 3.00	PROCESSING WEBSITE FUNDRASING

PROCESSING WEBSITE

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
ACTBLUE NC		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 61.83

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BCSB01	Draft	C	08/24/2023	\$ 0.75	FUNDRASING
BCSB01	Draft	C	08/25/2023	\$ 3.75	PROCESSING WEBSITE FUNDRASING

PROCESSING WEBSITE

5. Total only this Page	\$ 10.13
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6. Total of ALL CRO-1310 Pages	\$ 2,090.30
<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			

SEP 14 2023
DURHAM BOE

* 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	
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DURHAM COMMITTEE ON THE AFFAIRS OF BLACK PEOPLE PO BOX 52171 DURHAM, NC 27717 (919) 627-1413							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 375.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	A	08/01/2023	\$ 150.00	QTR PAGE CAMPAIGN AD		
BCSB01	Debit Card	O	08/01/2023	\$ 170.00	ANNUAL DCABP		

BANQUET TICKETS - 2

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	
DURHAM COMMITTEE ON THE AFFAIRS OF BLACK PEOPLE PO BOX 52171 DURHAM, NC 27717 (919) 627-1413							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 375.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	O	08/14/2023	\$ 55.20	TICKET FOR ANNUAL		
				\$	BANQUET		

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	
DURHAM COUNTY BOARD OF ELECTIONS 201 N. ROXBORO STREET DURHAM, NC 27701							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 366.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Check	O	07/17/2023	\$ 366.08	CANDIDATE FILING FEE		
				\$			

5. Total only this Page \$ 741.28

6. Total of ALL CRO-1310 Pages \$ 2,090.30
(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 expenditures in Remarks field (k) 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 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	
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	
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:		\$ 139.93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	I	07/07/2023	\$ 37.80			
				\$			
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:		\$ 983.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	B	08/23/2023	\$ 602.00	CAMPAIGN SIGNS		
				\$			
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	
TOBACCO ROAD SPORTS CAFÉ 280 S MANGUM STREET DURHAM, NC 27701 (919) 937-9909							
				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:		\$ 510.77	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	C	07/07/2023	\$ 75.00	DEPOSIT FOR		
BCSB01	Debit Card	C	07/14/2023	\$ 435.77	FUNDRAISING EVENT CAMPAIGN RECEPTION		
5. Total only this Page						\$ 1,150.57	
6. Total of ALL CRO-1310 Pages						\$ 2,090.30	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
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	
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	
USPS.COM 3710 SHANNON RD DURHAM, NC 27707							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 133.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	I	07/07/2023	\$ 5.38			
BCSB01	Debit Card	I	07/10/2023	\$ 8.82			
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	
USPS.COM 3710 SHANNON RD DURHAM, NC 27707							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 133.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	I	07/31/2023	\$ 5.82			
				\$			
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	
WIX.COM NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 162.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BCSB01	Debit Card	K	07/17/2023	\$ 162.00	CANDIDATE WEBSITE		
				\$			
5. Total only this Page						\$ 182.02	
6. Total of ALL CRO-1310 Pages						\$ 2,090.30	
<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 (j.) 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)							

Refunds/Reimbursements From the Committee Pg 1 of 2

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SHANETTA 4 DURHAM					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		Reimbursement Check#230
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		01/26/2023
					i. Original Receipt Amount
					\$ 50.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ (445.00)
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BCSB01	Check	CAMPAIGN EXPENDITURE		08/26/2023	\$ 50.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/11/2023
					i. Original Receipt Amount
					\$ 200.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ (445.00)
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BCSB01	Check	CAMPAIGN EXPENDITURE		08/26/2023	\$ 200.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/17/2023
					i. Original Receipt Amount
					\$ 30.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ (445.00)
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BCSB01	Check	CAMPAIGN EXPENDITURE		08/26/2023	\$ 30.00
4. Total only this Page					\$ 280.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 445.00
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field					

IN PERSON

Refunds/Reimbursements From the Committee Pg 2 of 2

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SHANETTA 4 DURHAM					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/02/2023
					i. Original Receipt Amount
					\$ 65.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ (445.00)
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BCSB01	Check	CAMPAIGN EXPENDITURE		08/26/2023	\$ 65.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
SHANETTA BURRIS 3701 HIGHGATE DRIVE #G DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/31/2023
					i. Original Receipt Amount
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
					j. Election Sum to Date
					\$ (445.00)
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
BCSB01	Check	CAMPAIGN EXPENDITURE		08/26/2023	\$ 100.00
4. Total only this Page					\$ 165.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 445.00
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

IN PERSON

SEP 14 2023

DURHAM BOE