

# 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.

|                                                                                                    |                                          |
|----------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>1. Committee Information</b>                                                                    |                                          |
| a. Full Name<br><i>Committee to Elect Fred Foster</i>                                              | c. ID Number<br><i>43-3749026</i>        |
| b. Mailing Address (include City, State and Zip Code)<br><i>P.O. Box 15752<br/>Durham NC 27704</i> | d. Date Filed                            |
|                                                                                                    | e. Phone Number<br><i>(919) 479-8305</i> |

|                                      |                                                           |                                                          |                                                        |
|--------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <b>2. Report Year</b><br><i>2016</i> | <b>3. Period Start Date (mm/dd/yy)</b><br><i>1/1/2016</i> | <b>4. Period End Date (mm/dd/yy)</b><br><i>2-29-2016</i> | <b>5. Treasurer Full Name</b><br><i>Jerry Head Jr.</i> |
|--------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|

|                                                        |                                           |                                                                            |                                           |
|--------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|
| <b>6. Type of Committee (Check One)</b>                |                                           | <b>9. Type of Report (check only one type of report from one category)</b> |                                           |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party            | <b>Municipal</b>                                                           | <b>State/County</b>                       |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input checked="" 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"/> Legal Expense Fund            |                                           | <input type="checkbox"/> Pre-primary                                       | <input checked="" type="checkbox"/> First |
|                                                        |                                           | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second           |
|                                                        |                                           | <input type="checkbox"/> Pre-runoff                                        | <input type="checkbox"/> Third            |
|                                                        |                                           | Semi-annual                                                                | <input type="checkbox"/> Fourth           |
|                                                        |                                           | <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          |
| <b>7. Type of Fund (if applicable, check one)</b>      |                                           | <b>10. Special Report Name</b>                                             |                                           |
| <input type="checkbox"/> Booster Fund                  |                                           |                                                                            |                                           |
| <input type="checkbox"/> Building Fund                 |                                           |                                                                            |                                           |
| <input type="checkbox"/> Other:                        |                                           |                                                                            |                                           |
| <b>8. Number of Fundraisers this Report</b>            |                                           |                                                                            |                                           |

|                                                                      |                                    |                                             |                               |
|----------------------------------------------------------------------|------------------------------------|---------------------------------------------|-------------------------------|
| <b>11. Account Information</b>                                       |                                    | <b>11. Account Information</b>              |                               |
| a. Financial Institution Full Name<br><i>Branch Bank &amp; Trust</i> | a. Financial Institution Full Name | b. Purpose<br><i>Campaign Funds</i>         | c. Account Code               |
| b. Purpose                                                           | c. Account Code                    | d. Period Begin Balance<br><i>\$2488.74</i> | d. Period Begin Balance<br>\$ |

**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.

*Jerry Head Jr.* Printed Name of Signer      *[Signature]* Signature of Appointed Treasurer      *3-2-16* Date

**FOR OFFICE USE ONLY**

|                                     |                          |                                                                     |
|-------------------------------------|--------------------------|---------------------------------------------------------------------|
| Date Received: <b>IN PERSON</b>     | Employee: <i>D. Hunt</i> | <b>Delivery Method</b>                                              |
| Date Postmarked: <i>MAR 02 2016</i> | Employee: _____          | <input type="checkbox"/> Normal Mail                                |
| Date Scanned: <b>DURHAM BOE</b>     | Employee: _____          | <input type="checkbox"/> Registered Mail                            |
| Date Data Entered: _____            | Employee: _____          | <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              |
|------------------------------------------------------------------------------|-----------------------------|---------------------------|
| <i>Prova Fed to Skat Fred Laster</i>                                         |                             | <i>43-2749026</i>         |
| Start of Election Cycle: <i>January 1, 2012</i>                              | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     | \$ <i>2488.34</i>           | \$ <i>100.00</i>          |
| <b>RECEIPTS</b>                                                              |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$ <i>450.00</i>            | \$ <i>4532.00</i>         |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ <i>2100.00</i>           | \$ <i>12621.00</i>        |
| 7) Contributions from Political Party Committees (CRO-1220)                  | \$ <i>—</i>                 | \$ <i>500.00</i>          |
| 8) Contributions from Other Political Committees (CRO-1230)                  | \$ <i>500.00</i>            | \$ <i>3050.00</i>         |
| 9) Loan Proceeds (CRO-1410)                                                  | \$ <i>—</i>                 | \$ <i>100.00</i>          |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       | \$ <i>—</i>                 | \$ <i>375.00</i>          |
| <b>11) Other Receipt Sources</b>                                             |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              | \$                          | \$                        |
| 11c) Outside Sources of Income (CRO-1250)                                    | \$ <i>—</i>                 | \$ <i>.50</i>             |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           | \$                          | \$                        |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ <i>3050.00</i>           | \$ <i>2179.50</i>         |
| <b>EXPENDITURES</b>                                                          |                             |                           |
| <b>13) Disbursements</b>                                                     |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       | \$ <i>2771.90</i>           | \$ <i>18213.06</i>        |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             | \$ <i>—</i>                 | \$ <i>200.00</i>          |
| 13c) Coordinated Party Expenditures (CRO-1310)                               | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)                                               | \$ <i>—</i>                 | \$ <i>100.00</i>          |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     | \$                          | \$                        |
| 17) In-Kind Contributions (CRO-1510)                                         | \$                          | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ <i>2771.90</i>           | \$ <i>18713.06</i>        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ <i>2766.44</i>           | \$ <i>2766.44</i>         |
| <b>ADDITIONAL INFORMATION</b>                                                |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  | \$                          | \$                        |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           | \$                          | \$                        |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   | \$                          | \$                        |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   | \$                          | \$                        |
| 24) Account Transfers Within the Committee (CRO-1720)                        | \$                          | \$                        |
| 25) Administrative Support (CRO-1710)                                        | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1440)                                                | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    | \$                          | \$                        |
| 28) Contributions to be Refunded (CRO-1215)                                  | \$                          | \$                        |

# Disbursements

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

|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            | <b>2. ID Number</b>                 |  |
| Crown Dr to Start Fund Later                                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                       |                            | 43-3749026                          |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                                                              |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                                      |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| After Image Studios<br>10508 Meakin Dr<br>Raleigh, NC 27614                                                                                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                                | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                      | <b>k. Required Remarks</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       | Check                     | A                      | 2/16/16                     | \$ 699.00                                                                                                                                             | Advertising                |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                                      |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| Time Warner Cable<br>3140 W. Arrowood Rd<br>Charlotte, NC 28273                                                                                                                                                                                                                                                                       |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                                | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                      | <b>k. Required Remarks</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       | Check                     | A                      | 2/16/16                     | \$ 997.90                                                                                                                                             | Advertising                |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                                      |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| Durham Committee on the<br>Affairs of Black People<br>601 Fayetteville St, Ste 200<br>Durham, NC 27701                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                                | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                      | <b>k. Required Remarks</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       | Check                     | O                      | 2/16/16                     | \$ 500.00                                                                                                                                             | Campaign<br>Cards, etc.    |                                     |  |
|                                                                                                                                                                                                                                                                                                                                       |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                                        |                           |                        |                             |                                                                                                                                                       |                            | \$ 2196.90                          |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            | \$ 2771.90                          |  |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br/>         (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br/>         (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>                                                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| 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                                                                                                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>* Codes require detailed explanation in required remarks field (k)</b>                                                                                                                                                                                                                                                             |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |

# Disbursements

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

|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                       |                            | <b>2. ID Number</b>                 |  |
| Crown Dr to Start Fund Later                                                                                                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                       |                            | 43-3749026                          |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                             |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                                                |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| Jacquelyn Beckwell<br>213 S. Guthrie Ave.<br>Durham, NC 27701                                                                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                                          | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                      | <b>k. Required Remarks</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 | check                     | 0                      | 2/27/16                     | \$200.00                                                                                                                                              | Event                      |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | \$                                                                                                                                                    | Food                       |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                             |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                                                |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| The Carolina Times<br>P.O. Box 3825<br>Durham, NC 27702                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                                          | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                      | <b>k. Required Remarks</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 | check                     | A                      | 2/29/16                     | \$375.00                                                                                                                                              | Advertising                |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                        |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                                                |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                            | \$                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                                          | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                      | <b>k. Required Remarks</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                 |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                                       |                            | \$ 575.00                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                       |                            | \$ 2771.90                          |  |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small><br><small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small><br><small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| 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

Pg 1 of 5 Amendment  Yes  No

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

|                                                                                                                         |                        |                           |                               |                                          |                  |                                |  |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                  |                        |                           |                               |                                          |                  | <b>2. ID Number</b>            |  |
| Committee to elect Fred Linder                                                                                          |                        |                           |                               |                                          |                  | 43-2749026                     |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Will Allen<br>803 Woodburn Rd<br>Raleigh, NC 27607                                                                      |                        |                           |                               | Management Consultant                    |                  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               | Self                                     |                  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                                |                        | check                     |                               | 1/8/2016                                 | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          | \$               |                                |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          | \$               |                                |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Thomas & Anne Wiemann<br>3816 Dover Rd<br>Durham, NC 27707                                                              |                        |                           |                               | Restaurant Owner                         |                  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               | Self                                     |                  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                                |                        | check                     |                               | 1/8/2016                                 | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          | \$               |                                |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          | \$               |                                |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Alice L. Sharpe<br>P.O. Box 393<br>Durham, NC 27702                                                                     |                        |                           |                               | Librarian                                |                  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               | Durham County                            |                  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>                                                                                                |                        | check                     |                               | 1/8/2016                                 | \$ 100.00        |                                |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          | \$               |                                |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          | \$               |                                |  |
| <b>4. Total only this Page</b>                                                                                          |                        |                           |                               |                                          |                  | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |                                          |                  | \$ 2100.00                     |  |

# Contributions from Individuals

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

|                                                                                                           |                        |                           |                               |                                                     |                     |                    |
|-----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------------------------------|---------------------|--------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                        |                           |                               |                                                     | <b>2. ID Number</b> |                    |
| Committee to elect Fred Lister                                                                            |                        |                           |                               |                                                     | 42-2749026          |                    |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                                     |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>                      |                     | <b>d. Comments</b> |
| Lyora Graham<br>215 Get-A-Way Lane<br>Rahama, NC 27503                                                    |                        |                           |                               | Real Estate                                         |                     |                    |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Self    |                     |                    |
|                                                                                                           |                        |                           |                               | <b>e. Election Sum to Date</b>                      |                     |                    |
|                                                                                                           |                        |                           |                               | \$                                                  |                     |                    |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                         | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                  |                        | check                     |                               | 1/28/16                                             | \$ 100.00           |                    |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                                     | \$                  |                    |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                                     | \$                  |                    |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                                     |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>                      |                     | <b>d. Comments</b> |
| Ruth C. Djan<br>4006 Diner Rd<br>Durham, NC 27707                                                         |                        |                           |                               | Retired<br>Physical Therapist                       |                     |                    |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Retired |                     |                    |
|                                                                                                           |                        |                           |                               | <b>e. Election Sum to Date</b>                      |                     |                    |
|                                                                                                           |                        |                           |                               | \$                                                  |                     |                    |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                         | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                  |                        | check                     |                               | 1/28/16                                             | \$ 200.00           |                    |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                                     | \$                  |                    |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                                     | \$                  |                    |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                                     |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>                      |                     | <b>d. Comments</b> |
| Rodrick D. Adams<br>3740 St. Marks Rd<br>Durham, NC 27707                                                 |                        |                           |                               | Investment<br>Counselor                             |                     |                    |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Self    |                     |                    |
|                                                                                                           |                        |                           |                               | <b>e. Election Sum to Date</b>                      |                     |                    |
|                                                                                                           |                        |                           |                               | \$                                                  |                     |                    |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                         | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                  |                        | check                     |                               | 1/28/16                                             | \$ 550.00           |                    |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                                     | \$                  |                    |
| <input type="checkbox"/>                                                                                  |                        |                           |                               |                                                     | \$                  |                    |
| <b>4. Total only this Page</b>                                                                            |                        |                           |                               |                                                     | \$ 550.00           |                    |
| <b>5. Total of ALL CRO-1210 Pages</b>                                                                     |                        |                           |                               |                                                     | \$ 2100.00          |                    |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                               |                                                     |                     |                    |

# Contributions from Individuals

Pg 3 of 5 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)<br><i>Comm. for elect Fred Linder</i>                            |                 |                    |                                           |                      |                         | 2. ID Number<br><i>42-2749026</i> |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                 |                    |                                           |                      |                         |                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                            |                 |                    | b. Job Title/Profession                   |                      | d. Comments             |                                   |
| <i>Gerald Spive<br/>3 Cilantro Ct.<br/>Durham, NC 27717</i>                                                      |                 |                    | c. Employer's Name/Specific Field         |                      | e. Election Sum to Date |                                   |
|                                                                                                                  |                 |                    | <i>JHI, Inc</i>                           |                      | \$                      |                                   |
| f. Prior                                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                    | j. Date (mm/dd/yyyy) | k. Amount               |                                   |
| <input type="checkbox"/>                                                                                         |                 | <i>check</i>       |                                           | <i>2/16/16</i>       | \$ <i>100.00</i>        |                                   |
| <input type="checkbox"/>                                                                                         |                 |                    |                                           |                      | \$                      |                                   |
| <input type="checkbox"/>                                                                                         |                 |                    |                                           |                      | \$                      |                                   |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                 |                    |                                           |                      |                         |                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                            |                 |                    | b. Job Title/Profession                   |                      | d. Comments             |                                   |
| <i>Joseph Harris, Jr<br/>2 Links Cob.<br/>Durham, NC 27707</i>                                                   |                 |                    | c. Employer's Name/Specific Field         |                      | e. Election Sum to Date |                                   |
|                                                                                                                  |                 |                    | <i>Owner<br/>Harris, Inc.</i>             |                      | \$                      |                                   |
| f. Prior                                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                    | j. Date (mm/dd/yyyy) | k. Amount               |                                   |
| <input type="checkbox"/>                                                                                         |                 | <i>check</i>       |                                           | <i>2/29/16</i>       | \$ <i>250.00</i>        |                                   |
| <input type="checkbox"/>                                                                                         |                 |                    |                                           |                      | \$                      |                                   |
| <input type="checkbox"/>                                                                                         |                 |                    |                                           |                      | \$                      |                                   |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                 |                    |                                           |                      |                         |                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                            |                 |                    | b. Job Title/Profession                   |                      | d. Comments             |                                   |
| <i>John Atkins, III<br/>P.O. Box 12037<br/>RTP, NC 27709</i>                                                     |                 |                    | c. Employer's Name/Specific Field         |                      | e. Election Sum to Date |                                   |
|                                                                                                                  |                 |                    | <i>Architect<br/>Cherish &amp; Atkins</i> |                      | \$                      |                                   |
| f. Prior                                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description                    | j. Date (mm/dd/yyyy) | k. Amount               |                                   |
| <input type="checkbox"/>                                                                                         |                 | <i>check</i>       |                                           | <i>2/29/16</i>       | \$ <i>250.00</i>        |                                   |
| <input type="checkbox"/>                                                                                         |                 |                    |                                           |                      | \$                      |                                   |
| <input type="checkbox"/>                                                                                         |                 |                    |                                           |                      | \$                      |                                   |
| 4. Total only this Page                                                                                          |                 |                    |                                           |                      | \$ <i>600.00</i>        |                                   |
| 5. Total of ALL CRO-1210 Pages<br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                 |                    |                                           |                      | \$ <i>2100.00</i>       |                                   |



# Contributions from Individuals

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

|                                                                                                                         |                        |                           |                               |                                                         |  |                                |  |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|---------------------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                  |                        |                           |                               |                                                         |  | <b>2. ID Number</b>            |  |
| Comm: <del>DD</del> to elect Fred Lister                                                                                |                        |                           |                               |                                                         |  | 43-2749026                     |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                                         |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>                          |  | <b>d. Comments</b>             |  |
| Daniel A. Jewell<br>1025 Gloria Ave<br>Durham, NC 27701                                                                 |                        |                           |                               | Real Estate Developer                                   |  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Self        |  |                                |  |
|                                                                                                                         |                        |                           |                               |                                                         |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               |                                                         |  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                             |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                                |                        | check                     |                               | 2/29/16                                                 |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                                         |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                                         |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                                         |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>                          |  | <b>d. Comments</b>             |  |
| William F. Henderson Jr.<br>1311 Logan St.<br>Durham, NC 27704                                                          |                        |                           |                               | Justice Court Counselor                                 |  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                |  |                                |  |
|                                                                                                                         |                        |                           |                               |                                                         |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               |                                                         |  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                             |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                                |                        | check                     |                               | 2/29/16                                                 |  | \$ 200.00                      |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                                         |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                                         |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                                         |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>                          |  | <b>d. Comments</b>             |  |
| Patrick L. Byker<br>2614 Stuart Dr<br>Durham, NC 27707                                                                  |                        |                           |                               | Attorney                                                |  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Durham City |  |                                |  |
|                                                                                                                         |                        |                           |                               |                                                         |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               |                                                         |  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                             |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                                |                        | check                     |                               | 2/29/16                                                 |  | \$ 250.00                      |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                                         |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                                         |  | \$                             |  |
| <b>4. Total only this Page</b>                                                                                          |                        |                           |                               |                                                         |  | \$ 550.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |                                                         |  | \$ 2100.00                     |  |

# Contributions from Individuals

Pg 5 of 5 Amendment  Yes  No

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

|                                                                                                                         |                        |                           |                               |                                          |  |                                |  |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                  |                        |                           |                               |                                          |  | <b>2. ID Number</b>            |  |
| Comm: Dr to elect Fred Linder                                                                                           |                        |                           |                               |                                          |  | 43-3749026                     |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| Dr. Gattys Cohen, Jr.<br>P.O. Box 2794<br>Smithfield, NC 27577                                                          |                        |                           |                               | Medical Dr.                              |  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               | Self                                     |  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                                |                        | Check                     |                               | 2/29/11                                  |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
|                                                                                                                         |                        |                           |                               |                                          |  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               |                                          |  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
|                                                                                                                         |                        |                           |                               |                                          |  |                                |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                                         |                        |                           |                               |                                          |  | \$                             |  |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                                |                        |                           |                               |                                          |  | \$                             |  |
| <b>4. Total only this Page</b>                                                                                          |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |                                          |  | \$ 2100.00                     |  |

# Contributions from Other Political Committees

Pg 1 of 1 Amendment  Yes  No

Use this form to report contributions from other candidate, referendum or PAC committees

|                                                                                                           |                           |                               |                                                                                                                                                       |                     |                                |
|-----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                           |                               |                                                                                                                                                       | <b>2. ID Number</b> |                                |
| Committee to Elect Fred Lister                                                                            |                           |                               |                                                                                                                                                       | 43-2779026          |                                |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                           |                               |                                                                                                                                                       |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                               | <b>b. Type of Committee</b>                                                                                                                           |                     | <b>d. Comments</b>             |
| Butterfield for Congress<br>P.O. Box 2571<br>Wilson, NC 27294                                             |                           |                               | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum                                     |                     |                                |
|                                                                                                           |                           |                               | <b>c. Level Registered (Specify)</b>                                                                                                                  |                     |                                |
|                                                                                                           |                           |                               | <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       |                     | <b>e. Election Sum to Date</b> |
|                                                                                                           |                           |                               |                                                                                                                                                       |                     | \$                             |
| <b>f. Account Code</b>                                                                                    | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                           | <b>j. Amount</b>    |                                |
|                                                                                                           | Check                     |                               | 1/28/06                                                                                                                                               | \$ 500.00           |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                           |                               |                                                                                                                                                       |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                               | <b>b. Type of Committee</b>                                                                                                                           |                     | <b>d. Comments</b>             |
|                                                                                                           |                           |                               | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum                                                |                     |                                |
|                                                                                                           |                           |                               | <b>c. Level Registered (Specify)</b>                                                                                                                  |                     |                                |
|                                                                                                           |                           |                               | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                     |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       |                     | <b>e. Election Sum to Date</b> |
|                                                                                                           |                           |                               |                                                                                                                                                       |                     | \$                             |
| <b>f. Account Code</b>                                                                                    | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                           | <b>j. Amount</b>    |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                           |                               |                                                                                                                                                       |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |                               | <b>b. Type of Committee</b>                                                                                                                           |                     | <b>d. Comments</b>             |
|                                                                                                           |                           |                               | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum                                                |                     |                                |
|                                                                                                           |                           |                               | <b>c. Level Registered (Specify)</b>                                                                                                                  |                     |                                |
|                                                                                                           |                           |                               | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                     |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       |                     | <b>e. Election Sum to Date</b> |
|                                                                                                           |                           |                               |                                                                                                                                                       |                     | \$                             |
| <b>f. Account Code</b>                                                                                    | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                           | <b>j. Amount</b>    |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
|                                                                                                           |                           |                               |                                                                                                                                                       | \$                  |                                |
| <b>4. Total only this Page</b>                                                                            |                           |                               |                                                                                                                                                       | \$ 500.00           |                                |
| <b>5. Total of ALL CRO-1230 Pages</b>                                                                     |                           |                               |                                                                                                                                                       | \$ 500.00           |                                |
| <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>                                    |                           |                               |                                                                                                                                                       |                     |                                |