

Disclosure Report Cover

Amendment
 Yes No

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

| 1. Committee Information | | | | |
|---|--------------------------------------|--|---|-------------------------------|
| a. Full Name FRIENDS OF SHELIA HUGGINS | | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) 2408 TAMPA AVENUE DURHAM, NC 27705 | | | d. Date Filed 10/30/2017 | |
| | | | e. Phone Number | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2017 | 09/26/2017 | 10/23/2017 | SHELIA ANN HUGGINS | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report 0 | | 10. Special Report Name | | |
| 3. Account Information | | 3. Account Information | | |
| a. Financial Institution Full Name FIRST CITIZENS BANK | | a. Financial Institution Full Name | | |
| b. Purpose RECEIVE CONTRIBUTIONS AND MAKE EXPENDITURES RELATED TO | c. Account Code A1 | b. Purpose IN PERSON OCT 30 2017 DURHAM BOE | | c. Account Code |
| | d. Period Begin Balance \$ 550.88 | | | d. Period Begin Balance \$ |
| CERTIFICATION | | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board | | | | |
| _____ Shelia A. Huggins Printed Name of Signer | | _____ Signature of Appointed Treasurer | | _____ 10/30/2017 Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | 10/30/17 | Employee | _____ Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | |
| Date Postmarked: | _____ | Employee | _____ | |
| Date Scanned: | _____ | Employee | _____ | |
| Date Data Entered: | _____ | Employee | _____ | |
| <input type="checkbox"/> Signer has not received mandatory training | | | | |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | | |

Detailed Summary

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|-------------------|-----------------------------|---------------------------|
| FRIENDS OF SHELIA HUGGINS | 2017 Pre-Election | | |
| Start of Election Cycle: January 1, 2017 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 550.88 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 210.00 | \$ 2,350.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 100.00 | \$ 7,085.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0.00 | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 0.00 | \$ 0.00 | |
| 9) Loan Proceeds (CRO-1410) | \$ 0.00 | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ 0.00 | \$ 22.00 | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ 0.00 | \$ 0.00 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ 0.00 | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 310.00 | \$ 9,457.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 1,107.73 | \$ 5,797.91 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 0.00 | \$ 3,500.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 0.00 | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 338.68 | \$ 594.62 | |
| 15) Loan Repayments (CRO-1420) | \$ 0.00 | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ 0.00 | \$ 0.00 | |
| 17) In-Kind Contributions (CRO-1510) | \$ 0.00 | \$ 150.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 1,446.41 | \$ 10,042.53 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ (585.53) | \$ (585.53) | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ 0.00 | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 0.00 | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ 0.00 | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ 0.00 | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ 0.00 | | |
| 25) Administrative Support (CRO-1710) | \$ 0.00 | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | \$ 0.00 | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ 0.00 | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | \$ 0.00 | \$ 1,521.17 | |

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|---|-----------------|--------------------|------------------------|----------------------|---------------------|----------|
| FRIENDS OF SHELIA HUGGINS | | | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Cash | | 10/10/2017 | \$ | 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Check | | 10/10/2017 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Check | | 10/10/2017 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Check | | 10/02/2017 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Credit Card | | 10/02/2017 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Check | | 09/29/2017 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Check | | 10/10/2017 | \$ | 25.00 |
| 4. Total only this Page | | | | | \$ | \$210.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | \$210.00 |

CRO-1205

NC State Board of Elections

April 2007

IN PERSON

OCT 30 2017

DURHAM BOE

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

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

| | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| FRIENDS OF SHELIA HUGGINS | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| GEORGE DAVIS 101-A CHESTERFIELD CT. GREENVILLE, NC 27834 (252) 378-0470 | | | RETIRED | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | RETIRED | | |
| | | | | | \$ 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | A1 | Money Order | | 10/02/2017 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 100.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 100.00 |

CRO-1210

NC State Board of Elections

April 2007

IN PERSON
 OCT 30 2017
 DURHAM BOE

Disbursements

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

| | | | | | | | |
|---|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS OF SHELIA HUGGINS | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| CHICK-FIL-A 3429 HILLSBOROUGH RD DURHAM, NC 27705 (919) 382-9399 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 187.85 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Debit Card | O | 09/26/2017 | \$ 71.14 | EARLY VOTING FOOD | | |
| | | | | \$ | FOR POLL WORKERS | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| CUSTOM INK 2910 DISTRICT AVE FAIRFAX, VA 22031 (866) 485-8160 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,379.61 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Debit Card | O | 10/04/2017 | \$ 433.48 | CAMPAIGN | | |
| | | | | \$ | T-SHIRT/HOODIES | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| INTERNATIONAL MINUTE PRESS 2210 PAGE ROAD STE 103 DURHAM, NC 27703 (919) 294-9918 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 438.07 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Debit Card | B | 10/10/2017 | \$ 115.87 | CAMPAIGN CARDS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 620.49 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 1,107.73 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

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

| | | | | | | | |
|---|---------------------------|------------------------|-----------------------------|--|------------------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS OF SHELIA HUGGINS | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| KROGER 1802 NORTH POINTE DRIVE DURHAM, NC 27705 (919) 220-5761 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 168.70 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Debit Card | O | 10/03/2017 | \$ 56.83 | FOOD/DRINK FOR CAMPAIGN WORKERS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| SHAMONEE MOBLEY RALEIGH, NC | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 80.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Electric Funds Tran | O | 10/12/2017 | \$ 80.00 | CAMPAIGN POLL WORKER | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| GEORGE ROBERSON PO BOX 401 DURHAM, NC 27702 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 208.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Check | O | 09/29/2017 | \$ 208.00 | CAMPAIGN CONSULTING & OUTREACH | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 344.83 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 1,107.73 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

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

| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS OF SHELIA HUGGINS | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| SAGE PAYMENT SOLUTIONS 12120 SUNSET HILLS ROAD SUITE 500 RESTON, VA 20190 (877) 841-7014 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 214.62 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| A1 | Electric Funds Tran | O | 10/02/2017 | \$ 142.41 | BANK CARD FEES | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 142.41 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 1,107.73 | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

IN PERSON
 OCT 30 2017
 DURHAM BOE

Aggregated Non-Media Expenditures

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------------|-----------------------------|---|----------------------|--------------|-------------------------------|
| FRIENDS OF SHELIA HUGGINS | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 35.37 | EARLY VOTING FOOD FOR POLL |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/02/2017 | \$ 21.22 | FOOD FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/03/2017 | \$ 14.15 | FOOD FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/05/2017 | \$ 28.29 | FOOD FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/06/2017 | \$ 17.68 | FOOD FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/23/2017 | \$ 10.23 | FOOD FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/26/2017 | \$ 12.88 | EARLY VOTING STORAGE FOR |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/29/2017 | \$ 2.74 | EARLY VOTING FOOD FOR POLL |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/04/2017 | \$ 10.32 | CAMPAIGN TSHIRTS/HOODIES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Electric Funds Tran | O | 09/29/2017 | \$ 3.00 | PAPER STATEMENT FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 2.23 | EARLY VOTING FOOD FOR |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 2.23 | ICE FOR CAMPAIGN WORKERS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 2.23 | EARLY VOTING FOOD FOR POLL |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 33.07 | FOOD/DRINK FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/03/2017 | \$ 2.23 | ICE FOR CAMPAIGN WORKERS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/23/2017 | \$ 49.67 | FOOD/DRINK FOR CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 2.75 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 09/28/2017 | \$ 2.75 | BOARD OF ELECTIONS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/04/2017 | \$ 3.00 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/05/2017 | \$ 2.50 | PARKING FEE |
| 4. Total only this Page | | | | | \$ | 258.54 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 338.68 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donations to Legal Expense Fund | | | |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

Aggregated Non-Media Expenditures

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
|--|-----------------------|-----------------------------|---|----------------------|-----------|--------------------------|
| FRIENDS OF SHELIA HUGGINS | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/06/2017 | \$ 1.50 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/06/2017 | \$ 1.50 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/06/2017 | \$ 3.00 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/19/2017 | \$ 3.00 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/23/2017 | \$ 3.00 | PARKING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Check | O | 09/27/2017 | \$ 50.00 | PHOENIX FEST PARADE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/23/2017 | \$ 16.00 | CAMPAIGN WEBSITE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A1 | Debit Card | O | 10/04/2017 | \$ 2.14 | ICE FOR CAMPAIGN WORKERS |
| 4. Total only this Page | | | | | \$ | 80.14 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 338.68 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donations to Legal Expense Fund | | | |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

IN PERSON

OCT 30 2017

DURHAM BOE