

# Disclosure Report Cover

Amendment  
 Yes  No

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

1. Committee Information	
a. Full Name	c. ID Number
FRIENDS OF SHELIA HUGGINS	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2408 TAMPA AVENUE DURHAM, NC 27705	10/31/2017
	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	Municipal		State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
RECEIVE CONTRIBUTIONS AND MAKE EXPENDITURES RELATED TO	A1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 550.88		\$

**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

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
Signature of Appointed Treasurer

10/31/2017  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: KC Delivery Method

Date Postmarked: IN PERSON Employee: \_\_\_\_\_  Normal Mail

Date Scanned: OCT 31 2017 Employee: \_\_\_\_\_  Registered Mail

Date Data Entered: DURHAM BOE Employee: \_\_\_\_\_  Hand Delivered

Electronically Filed

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, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 550.88	\$ 0.00
<b>RECEIPTS</b>			
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
<b>EXPENDITURES</b>			
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)		\$ 396.79	\$ 652.73
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)		\$ 1,504.52	\$ 10,100.64
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (643.64)	\$ (643.64)
<b>ADDITIONAL INFORMATION</b>			
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

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

CRO-1205

NC State Board of Elections

April 2007

# 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

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

# 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>
FRIENDS OF SHELIA HUGGINS						
<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 type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CHICK-FIL-A 3429 HILLSBOROUGH RD DURHAM, NC 27705 (919) 382-9399						
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 209.07
<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>	
A1	Debit Card	O	09/26/2017	\$ 71.14	EARLY VOTING FOOD	
				\$	FOR POLL WORKERS	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CUSTOM INK 2910 DISTRICT AVE FAIRFAX, VA 22031 (866) 485-8160						
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 1,379.61
<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>	
A1	Debit Card	O	10/04/2017	\$ 433.48	CAMPAIGN	
				\$	T-SHIRT/HOODIES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
INTERNATIONAL MINUTE PRESS 2210 PAGE ROAD STE 103 DURHAM, NC 27703 (919) 294-9918						
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 330.67
<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>	
A1	Debit Card	B	10/10/2017	\$ 115.87	CAMPAIGN CARDS	
				\$		
<b>5. Total only this Page</b>						\$ 620.49
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 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>						
<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)						

# 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>
FRIENDS OF SHELIA HUGGINS						
<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 type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
KROGER 1802 NORTH POINTE DRIVE DURHAM, NC 27705 (919) 220-5761						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 208.34
<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>	
A1	Debit Card	O	10/03/2017	\$ 56.83	FOOD/DRINK FOR	
				\$	CAMPAIGN WORKERS	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
SHAMONEE MOBLEY RALEIGH, NC						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 80.00
<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>	
A1	Electric Funds Tran	O	10/12/2017	\$ 80.00	CAMPAIGN POLL	
				\$	WORKER	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
GEORGE ROBERSON PO BOX 401 DURHAM, NC 27702						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 208.00
<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>	
A1	Check	O	09/29/2017	\$ 208.00	CAMPAIGN CONSULTING	
				\$	& OUTREACH	
<b>5. Total only this Page</b>						\$ 344.83
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 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>						
<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)						

# 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>	
FRIENDS OF SHELIA HUGGINS							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SAGE PAYMENT SOLUTIONS 12120 SUNSET HILLS ROAD SUITE 500 RESTON, VA 20190 (877) 841-7014							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 214.62	
<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>		
A1	Electric Funds Tran	O	10/02/2017	\$ 142.41	BANK CARD FEES		
				\$			
<b>5. Total only this Page</b>						\$ 142.41	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 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>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
<b>* Codes require detailed explanation in required remarks field (k)</b>							

# 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	10/10/2017	\$ 21.22	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	09/26/2017	\$ 44.10	FOOD FOR CAMPAIGN
<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	\$ 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	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
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A1	Debit Card	O	10/06/2017	\$ 1.50	PARKING FEE
<b>4. Total only this Page</b>					\$	318.15
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	396.79
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						



# Aggregated Non-Media Expenditures

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
FRIENDS OF SHELIA HUGGINS						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (m m/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	\$ 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
<b>4. Total only this Page</b>					\$	78.64
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	396.79
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						