

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				
COMMITTEE TO ELECT SHAMAIYE HAYNES							
b. Mailing Address (include City, State and Zip Code)			d. Date Filed				
2908 TUCKASEEGEE ROAD CHARLOTTE, NC 28208			07/07/2025				
			c. Phone Number				
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name				
2025	01/01/2025	06/30/2025	SHAMAIYE HAYNES				
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 type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special			State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
0							
3. Account Information		3. Account Information					
a. Financial Institution Full Name		a. Financial Institution Full Name					
FIFTH THIRD BANK							
b. Purpose	c. Account Code	b. Purpose	c. Account Code				
CAMPAIGN COMMITTEE, ELECTION ACTIVITIES	SH01						
	d. Period Begin Balance		d. Period Begin Balance				
	\$		\$				
CERTIFICATION							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board							
<u>Shamaiye K. Haynes</u> Printed Name of Signer		<u>Shamaiye K. Haynes</u> Signature of Appointed Treasurer		<u>07/07/2025</u> Date			
FOR OFFICE USE ONLY							
Date Received: _____	Employee: _____	<u>Mecklenburg County</u> Delivery Method					
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed					
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training					
Date Data Entered: _____	Employee: _____						
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
COMMITTEE TO ELECT SHAMAIYE HAYNES	2025 Mid Year Semi-Annual	
Start of Election Cycle: January 1, <u>2024</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1,583.71	\$ 1,860.91
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 85.00	\$ 105.00
6) Contributions from Individuals (CRO-1210)	\$ 1,900.00	\$ 2,000.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 1,200.00	\$ 1,200.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 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)	\$ 3,185.00	\$ 3,305.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,036.88	\$ 1,404.08
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 200.39	\$ 230.39
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 1,200.00	\$ 1,200.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,437.27	\$ 2,834.47
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,331.44	\$ 2,331.44
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	\$ 0.00

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	
COMMITTEE TO ELECT SHAMAIYE HAYNES						
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	SH01	Electric Funds Tran		04/21/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card		04/15/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		06/30/2025	\$	50.00
4. Total only this Page					\$	\$85.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$85.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT SHAMAIYE HAYNES						
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	
ELSIE GARFIELD 940 ANGELICA LANE TEGA CAY, SC 29708			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		04/16/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SUSAN HARDEN 5251 ADDISON DRIVE CHARLOTTE, NC 28211			ASSOCIATE PROFESSOR			
			c. Employer's Name/Specific Field UNC - CHARLOTTE			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		04/21/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHAWN KENNEDY 3020-1 PROSPERITY CHURCH RD., STE 617 CHARLOTTE, NC 28269			DEVELOPER			
			c. Employer's Name/Specific Field KENNEDY PROPERTIES			
					e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		05/07/2025	\$ 200.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		06/07/2025	\$ 200.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,650.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,900.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT SHAMAIYE HAYNES						
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	
JIM THOMPSON 111 NORTH TURNER AVENUE CHARLOTTE, NC 28216			REALTOR			
			c. Employer's Name/Specific Field			
			EXP REALTY		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		04/25/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,900.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT SHAMAIYE HAYNES					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments		
NORTH CAROLINA DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27603 (919) 821-2777					
			c. Election Sum to Date		
			\$ 1,200.00		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
SH01	In-Kind	VOTE BUILDER	03/25/2025	\$ 1,200.00	
				\$	
				\$	
4. Total only this Page			\$ 1,200.00		
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)			\$ 1,200.00		

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
COMMITTEE TO ELECT SHAMAIYE HAYNES						
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
QC METRO NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 191.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SH01	Debit Card	O	05/22/2025	\$ 191.58	CAMPAIGN EVENT	
				\$		
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
US POSTAL SERVICE 3202 WILKINSON BLVD CHARLOTTE, NC 28208						
				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
						\$ 36.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SH01	Debit Card	1	05/09/2025	\$ 36.50		
				\$		
5. Total only this Page						\$ 228.08
6. Total of ALL CRO-1310 Pages						
<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>						\$ 1,036.88
<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)						

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
COMMITTEE TO ELECT SHAMAIYE HAYNES						
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	SH01	Debit Card	B	05/08/2025	\$ 36.13	PAPER AND INK
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	05/02/2025	\$ 30.00	MEMBERSHIP DUES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	05/05/2025	\$ 3.00	BALANCE OF DUES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Cash	O	04/23/2025	\$ 5.00	INITIAL DEPOSIT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	06/30/2025	\$ 33.00	EMAIL SOFTWARE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	06/25/2025	\$ 0.39	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	06/25/2025	\$ 12.99	EMAIL SOFTWARE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	05/21/2025	\$ 50.00	PAID CANVASSER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	B	04/29/2025	\$ 4.27	THANK YOU CARDS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	B	04/30/2025	\$ 25.61	THANK YOU CARDS
4. Total only this Page					\$	200.39
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	200.39
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-Kind Contributions

Pg 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT SHAMAIYE HAYNES			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
NORTH CAROLINA DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27603 (919) 821-2777		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,200.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
VOTE BUILDER	03/25/2025	\$ 1,200.00	
		\$	
		\$	
4. Total only this Page		\$ 1,200.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,200.00	

