

# 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			03/02/2025	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	07/01/2023	12/31/2023	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		<b>Municipal</b> <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 type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>Referendum</b> <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				
4				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
TRUIST				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN COMMITTEE, ELECTION ACTIVITIES	SH01			
	d. Period Begin Balance		d. Period Begin Balance	
	\$		\$	
<b>CERTIFICATION</b>				
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>03/02/2025</u> Date
FOR OFFICE USE ONLY				
Date Received:	MECKLENBURG COUNTY	Employee:	CB	
Date Postmarked:	MAR 03 2025	Employee:		
Date Scanned:	BOARD OF ELECTIONS	Employee:		
Date Data Entered:		Employee:		
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
<b>Please Note:</b> 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
COMMITTEE TO ELECT SHAMAIYE HAYNES		2023 Year End Semi-Annual			
Start of Election Cycle: January 1, <u>2022</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 1,319.52		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 695.00		\$ 990.00	
6) Contributions from Individuals (CRO-1210)		\$ 8,740.00		\$ 13,690.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 250.00		\$ 1,510.00	
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)		\$ 9,685.00		\$ 16,190.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 8,048.62		\$ 11,608.62	
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)		\$ 1,094.99		\$ 1,460.47	
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		\$ 1,260.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,143.61		\$ 14,329.09	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,860.91		\$ 1,860.91	
<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		\$ 0.00	

# Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		11/01/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/28/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/30/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/30/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/24/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/13/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/19/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/31/2023	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		07/07/2023	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/15/2023	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		09/12/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		09/18/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		07/07/2023	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		09/05/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		07/08/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		07/07/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		07/13/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/14/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		07/07/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Electric Funds Tran		10/26/2023	\$ 50.00
<b>4. Total only this Page</b>					\$ 695.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 695.00

# Contributions from Individuals

Pg 1 of 15

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 SHAMAIYE HAYNES							
<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>	
ROBBIE AKHERE 10043 REVOLUTION CT CHARLOTTE, NC 28262				NOT EMPLOYED			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 75.00	
<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"/>	SH01	Electric Funds Tran		10/02/2023		\$ 75.00	
<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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DIANA ANDERSON 7059 PADDISON RD CINCINNATI, OH 45230				BUILDING PLANS EXAMINER			
				<b>c. Employer's Name/Specific Field</b>			
				CITY OF CINCINNAT		<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"/>	SH01	Electric Funds Tran		10/09/2023		\$ 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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MEN TCHAAS ARI 525 S CHURCH STREET CHARLOTTE, NC 28208				CEO			
				<b>c. Employer's Name/Specific Field</b>			
				COMMUNITIES IN SCHOOLS		<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"/>	SH01	Electric Funds Tran		09/28/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 275.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
JOHN BELK 2701 COLTSGATE ROAD STE 102 CHARLOTTE, NC 28211			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED		<b>e. Election Sum to Date</b>	
					\$ 500.00	
<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"/>	SH01	Check		10/12/2023	\$ 500.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KIMBERLY BEST 8305 RAVEN TOP DRIVE CHARLOTTE, NC 28227			NOT EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 250.00	
<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"/>	SH01	Electric Funds Tran		10/11/2023	\$ 250.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SYLVIA BITTLE-PATTON 1623 LUTHER STREET CHARLOTTE, NC 28204			I/O PSYCHOLOGIST			
			<b>c. Employer's Name/Specific Field</b>			
			SELF-EMPLOYED		<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"/>	SH01	Electric Funds Tran		10/13/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 850.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
JEVELYN BONNER-REED 6244 STEPHENS GROVE LANGE CHARLOTTE, NC 28078			EXECUTIVE DIRECTOR			
			<b>c. Employer's Name/Specific Field</b>			
			BELK FOUNDATION		<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"/>	SH01	Electric Funds Tran		09/19/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JACK BRAYBOY 1629 WASHINGTON AVENUE CHARLOTTE, NC 28216						
			<b>c. Employer's Name/Specific Field</b>			
					<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"/>	SH01	Electric Funds Tran		09/21/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MALCOLM COLEY 2823 PROVIDENCE ROAD CHARLOTTE, NC 28223			PROFESSIONAL SERVICES			
			<b>c. Employer's Name/Specific Field</b>			
			EY		<b>e. Election Sum to Date</b>	
					\$ 500.00	
<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"/>	SH01	Electric Funds Tran		09/20/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 700.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# 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 SHAMAIYE HAYNES						
<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>
LAURA COOPER 400 N CHURCH STREET #205 CHARLOTTE, NC 28202				RETIRED		
				<b>c. Employer's Name/Specific Field</b>		
				RETIRED		
						<b>e. Election Sum to Date</b>
						\$ 150.00
<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"/>	SH01	Electric Funds Tran		09/19/2023	\$ 150.00	
<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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
ELYSE DASHEW 6501 CISCAYNE PLACE CHARLOTTE, NC 28211				NOT EMPLOYED		
				<b>c. Employer's Name/Specific Field</b>		
				NOT EMPLOYED		
						<b>e. Election Sum to Date</b>
						\$ 200.00
<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"/>	SH01	Check		10/01/2023	\$ 200.00	
<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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
JENNIFER DE LA JARA 1308 TORRENCE CIRCLE DAVIDSON, NC 28036				NON-PROFIT MANAGER		
				<b>c. Employer's Name/Specific Field</b>		
				GOODWILL INDUSTRIES		
						<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"/>	SH01	Check		09/27/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 450.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on the 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
ROBERT DRAKEFORD 1914 BRUNSWICK AVENUE., 1A CHARLOTTE, NC 28207			SELF EMPLOYED			
			<b>c. Employer's Name/Specific Field</b> Real Estate			
						<b>e. Election Sum to Date</b>
						\$ 200.00
<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"/>	SH01	Electric Funds Tran		10/25/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DENNIS DREYER 1417 Sterling Charlotte, NC 28209			REALESTATE			
			<b>c. Employer's Name/Specific Field</b> WELLS FARGO			
						<b>e. Election Sum to Date</b>
						\$ 250.00
<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"/>	SH01	Electric Funds Tran		10/10/2023	\$ 250.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CAROLYN EBERLY 3012 NABLUS DRIVE WAXAW, NC 28173			LIBRARY ASSISTANT			
			<b>c. Employer's Name/Specific Field</b> UNION COUNTY			
						<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"/>	SH01	Electric Funds Tran		07/07/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 450.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,740.00

# 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	
LISA ELLSWORTH 509 SARDIS LANE CHARLOTTE, NC 28270			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		09/08/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BEVERLY ELWELL 4801 Pine Needle Trail Mint Hill, NC 28227			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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		07/12/2023	\$ 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	
TIMOTHY EMRY 121 GREENWICH ROAD CHARLOTTE, NC 28211			Criminal Defense Attorney			
			c. Employer's Name/Specific Field			
			The Emry Law Firm PLLC.		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		07/07/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
CHERYSE FULTON 625 KENTBERRY DRIVE CHARLOTTE, NC 28214			OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			ARCHIVE CLT			
						<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"/>	SH01	Electric Funds Tran		09/21/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ELSIE GARFIELD 940 ANGELICA LANE TEGA CAY, SC			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED			
						<b>e. Election Sum to Date</b>
						\$ 200.00
<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"/>	SH01	Electric Funds Tran		09/23/2023	\$ 200.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MALCOLM GRAHAM 3404 CRESTA COURT CHARLOTTE, NC 28269			EXECUTIVE DIRECT			
			<b>c. Employer's Name/Specific Field</b>			
			CATC			
						<b>e. Election Sum to Date</b>
						\$ 200.00
<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"/>	SH01	Electric Funds Tran		08/25/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 500.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00

# 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 SHAMAIYE HAYNES						
<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>	
SUSAN HARDEN 5251 ADDISON DRIVE CHARLOTTE, NC 28211			ASSOCIATE PROFESSOR			
			<b>c. Employer's Name/Specific Field</b>			
			UNC - CHARLOTTE			
					<b>e. Election Sum to Date</b>	
					\$ 1,920.00	
<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"/>	SH01	Electric Funds Tran		07/07/2023	\$ 250.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		09/12/2023	\$ 350.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		10/09/2023	\$ 400.00	
<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>	
SUSAN HARDEN 5251 ADDISON DRIVE CHARLOTTE, NC 28211			ASSOCIATE PROFESSOR			
			<b>c. Employer's Name/Specific Field</b>			
			UNC - CHARLOTTE			
					<b>e. Election Sum to Date</b>	
					\$ 1,920.00	
<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"/>	SH01	Electric Funds Tran		11/20/2023	\$ 420.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JUSTIN HARLOW 10922 S Tryon St, Suite D CHARLOTTE, NC 28273			DENTIST			
			<b>c. Employer's Name/Specific Field</b>			
			HARLOW DENTAL			
					<b>e. Election Sum to Date</b>	
					\$ 500.00	
<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"/>	SH01	Electric Funds Tran		10/27/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,920.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on the 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# 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 SHAMAIYE HAYNES						
<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>	
GREG JARRELL 2910 PARKWAY AVENUE CHARLOTTE, NC 28208			NON PROFIT			
			<b>c. Employer's Name/Specific Field</b>			
			QC FAMILY TREE, INC.			
						<b>e. Election Sum to Date</b>
						\$ 120.00
<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"/>	SH01	Cash		09/01/2023	\$ 20.00	
<input type="checkbox"/>	SH01	Cash		10/01/2023	\$ 50.00	
<input type="checkbox"/>	SH01	Cash		11/01/2023	\$ 50.00	
<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>	
MEGAN KASTEN 3126 SHAKER DRIVE CHARLOTTE, NC 28210			NOT EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
						<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"/>	SH01	Electric Funds Tran		10/21/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JARED KEATON 14921 Aven Creek Ct CHARLOTTE, NC 28273			EXECUTIVE DIRECTOR			
			<b>c. Employer's Name/Specific Field</b>			
			ALLIANCE CENTER FOR EDUCATION			
						<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"/>	SH01	Electric Funds Tran		09/01/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 320.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
GALE KINNEY 5319 ROCKHILL LANE CHARLOTTE, NC 28277			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 checked="" type="checkbox"/>	SH01	Electric Funds Tran		04/27/2023	\$ 50.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		10/17/2023	\$ 50.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DAVID LINDSAY 301 WEST 10TH STREET CHARLOTTE, NC 28210			EXECUTIVE DIRECTOR			
			<b>c. Employer's Name/Specific Field</b>			
			RALLY CHARLOTTE			
						<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"/>	SH01	Electric Funds Tran		11/01/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
HARRISON MARSHALL 4426 ST IVES PLACE CHARLOTTE, NC 28211			NOT EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
						<b>e. Election Sum to Date</b>
						\$ 150.00
<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"/>	SH01	Electric Funds Tran		09/05/2023	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 300.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00

# Contributions from Individuals

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
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	
LORIE MCCOWAN 1659 SHEPPARDTOWN ROAD CROZIER, VA 23039			COO			
			c. Employer's Name/Specific Field			
			BRIGHT HOPE CAPITAL			
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		09/20/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY MCCRAY 6924 MILTON ROAD CHARLOTTE, NC 28227			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Check		08/07/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LAURA MEIER 1574 CLAYTON DRIVE CHARLOTTE, NC 28203			COUNTY COMMISSIONER -			
			c. Employer's Name/Specific Field			
			MECKLENBURG COUNTY			
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SH01	Electric Funds Tran		09/06/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00

# 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 SHAMAIYE HAYNES						
<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>	
ELAINE COHOON MILLER 1206 OVERWOOD DRIVE MATTHEWS, NC 28105			NOT EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<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"/>	SH01	Electric Funds Tran		10/17/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KRISTEN MONTGOMERY 6901 BRANDENBURG CT CHARLOTTE, NC 28210			PHOTOGRAPHER			
			<b>c. Employer's Name/Specific Field</b>			
			SELF EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 150.00	
<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"/>	SH01	Electric Funds Tran		09/18/2023	\$ 150.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CLAUDIA PEERY 3615 TULANE AVENUE 212 NEW ORLEANS, LA 70119			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED			
					<b>e. Election Sum to Date</b>	
					\$ 70.00	
<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 checked="" type="checkbox"/>	SH01	Electric Funds Tran		06/04/2023	\$ 10.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		07/04/2023	\$ 10.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		08/04/2023	\$ 10.00	
<b>4. Total only this Page</b>					\$ 270.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# 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 SHAMAIYE HAYNES							
<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>	
CLAUDIA PEERY 3615 TULANE AVENUE 212 NEW ORLEANS, LA 70119				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED		<b>e. Election Sum to Date</b>	
				\$		70.00	
<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"/>	SH01	Electric Funds Tran		09/04/2023	\$ 10.00		
<input type="checkbox"/>	SH01	Electric Funds Tran		11/04/2023	\$ 10.00		
<input type="checkbox"/>	SH01	Electric Funds Tran		12/04/2023	\$ 10.00		
<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>	
CLAUDIA PEERY 3615 TULANE AVENUE 212 NEW ORLEANS, LA 70119				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED		<b>e. Election Sum to Date</b>	
				\$		70.00	
<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"/>	SH01	Electric Funds Tran		12/04/2023	\$ 10.00		
<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> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SAMUEL L SMITH 7008 PALATINE LANE CHARLOTTE, NC 28214				DIRECTOR OF EXTERNAL ENGAGEMENT			
				<b>c. Employer's Name/Specific Field</b>			
				UNITED WAY OF THE CAROLINAS		<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"/>	SH01	Electric Funds Tran		09/11/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 140.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on the 6 of Detailed Summary Page CRO-1100)						\$ 8,740.00	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
STEPHANIE SNEED 2506 Vail Avenue Charlotte, NC 28207			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			DO			
					<b>e. Election Sum to Date</b>	
					\$ 460.00	
<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"/>	SH01	Electric Funds Tran		07/02/2023	\$ 100.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		07/07/2023	\$ 110.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		08/21/2023	\$ 50.00	
<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>	
STEPHANIE SNEED 2506 Vail Avenue Charlotte, NC 28207			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			DO			
					<b>e. Election Sum to Date</b>	
					\$ 460.00	
<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"/>	SH01	Electric Funds Tran		09/02/2023	\$ 100.00	
<input type="checkbox"/>	SH01	Electric Funds Tran		09/21/2023	\$ 100.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANNE WARREN 4126 KRONOS PLACE CHARLOTTE, NC 28210			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			BOWMAN AND BROOKS			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<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"/>	SH01	Electric Funds Tran		09/18/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 710.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# 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 SHAMAIYE HAYNES						
<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>	
HELLEN WOOD 11807 KINGSLEY VIEW DRIVE CHARLOTTE, NC 28277			NOT EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<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"/>	SH01	Check		10/23/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANGELA YOCHER 3500 PLANTATION ROAD CHARLOTTE, NC 28270			EVP			
			<b>c. Employer's Name/Specific Field</b>			
					<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"/>	SH01	Electric Funds Tran		10/20/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GARY YOUNG 816 MARMORE AVENUE CHARLOTTE, NC 28216			SUPPLIER DIVERSITY			
			<b>c. Employer's Name/Specific Field</b>			
			CUSHMAN AND WAKEFIELD			
					<b>e. Election Sum to Date</b>	
					\$ 55.00	
<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"/>	SH01	Electric Funds Tran		11/02/2023	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 255.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,740.00	

# Contributions from Political Party Committees

Pg 1 of 1

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

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
COMMITTEE TO ELECT SHAMAIYE HAYNES					
<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. Comments</b>		
DEMOCRATIC WOMEN OF MECKLENBURG COUNTY 725 EAST TRADE STREET CHARLOTTE, NC 28202					
			<b>c. Election Sum to Date</b>		
			\$ 250.00		
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
SH01	Check		10/08/2023	\$ 250.00	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 250.00	
<b>5. Total of ALL CRO-1220 Pages</b> <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 250.00	

# 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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>
AGE GRAPHICS www.cheapyardsignsage.com 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>
						\$ 1,133.00
<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>	
SH01	Debit Card	B	07/17/2023	\$ 90.00	SIGNS	
				\$		
<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>
AMAZON MKTP US AMAZON.COM 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>
						\$ 557.19
<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>	
SH01	Debit Card	K	11/06/2023	\$ 54.71	SUPPLIES	
				\$		
<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>
AMERICAN TECHNOLOGY CONSULTING 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>
						\$ 875.00
<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>	
SH01	Debit Card	A	11/06/2023	\$ 875.00	TEXTING SERVICE	
				\$		
<b>5. Total only this Page</b>						\$ 1,019.71
<b>6. Total of ALL CRO-1310 Pages</b> (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)						\$ 8,048.62
<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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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 (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
BEAUTY AFTER THE BARS 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>
						\$ 108.55
<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>	
SH01	Debit Card	O	11/06/2023	\$ 108.55	EARLY VOTE POLLS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
BLACK POLITICAL CAUCUS 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>
						\$ 250.00
<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>	
SH01	Debit Card	O	10/23/2023	\$ 250.00	DONATION	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CAMPAIGN VERIFY WWW.CAMPAIGNVERIFY.COM 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>
						\$ 95.00
<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>	
SH01	Debit Card	A	10/23/2023	\$ 95.00	CAMPAIGN TEXT	
				\$		
<b>5. Total only this Page</b>						\$ 453.55
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62
<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>	
COMMITTEE TO ELECT SHAMAIYE HAYNES							
<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>	
CAROLINAS SCREEN PRINTING/MAURY ISLEY 2004 PHEASANT GLEN RD. CHARLOTTE, NC 28214							
				<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>	
						\$ 954.51	
<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>		
SH01	Debit Card	B	07/05/2023	\$ 139.42	SHIRTS		
SH01	Debit Card	B	07/17/2023	\$ 276.70	TSHIRTS		
<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>	
CAROLINAS SCREEN PRINTING/MAURY ISLEY 2004 PHEASANT GLEN RD. CHARLOTTE, NC 28214							
				<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>	
						\$ 954.51	
<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>		
SH01	Debit Card	B	08/07/2023	\$ 102.96	TSHIRTS		
SH01	Debit Card	B	10/02/2023	\$ 171.60	TSHIRTS		
<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>	
CHARLOTTE LEDGER NEWSLETTER 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>	
						\$ 18.00	
<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>		
SH01	Debit Card	A	10/02/2023	\$ 9.00	DIGITAL NEWSLETTER		
SH01	Debit Card	A	11/06/2023	\$ 9.00	ADVERTISING AND REFERENCE		
<b>5. Total only this Page</b>						\$ 708.68	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62	
<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>	
COMMITTEE TO ELECT SHAMAIYE HAYNES							
<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>	
CHARLOTTE OBSERVER NC							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 17.15	
<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>		
SH01	Debit Card	A	11/20/2023	\$ 17.15	ADVERTISEMENT/REFER		
				\$	ENCE		
<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>	
CLT GEEK.COM CLTGEEK.COM NC							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,154.79	
<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>		
SH01	Debit Card	B	08/28/2023	\$ 122.39	PALM CARDS		
SH01	Debit Card	B	09/13/2023	\$ 212.54	SIGNS PALM CARDS		
<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>	
CLT GEEK.COM CLTGEEK.COM NC							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,154.79	
<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>		
SH01	Debit Card	B	10/02/2023	\$ 397.58	PALM CARDS		
SH01	Debit Card	B	10/16/2023	\$ 422.28	BANNERS PALM CARDS		
<b>5. Total only this Page</b>						\$ 1,171.94	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62	
<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>	
COMMITTEE TO ELECT SHAMAIYE HAYNES							
<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 (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
DYSAIJAH CRENSHAW 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>	
						\$ 60.00	
<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>		
SH01	Debit Card	O	11/07/2023	\$ 60.00	EARLY VOTE POLLS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
CEDRIC DEAN 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>	
						\$ 540.00	
<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>		
SH01	Debit Card	O	10/02/2023	\$ 180.00	CANVASS		
SH01	Debit Card	O	10/10/2023	\$ 180.00	CANVASS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
CEDRIC DEAN 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>	
						\$ 540.00	
<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>		
SH01	Debit Card	O	10/23/2023	\$ 180.00	CANVASS		
				\$			
<b>5. Total only this Page</b>						\$ 600.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62	
<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

Amendment  
 Yes  No

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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>
DELTA SIGMA THETA 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>
						\$ 55.20
<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>	
SH01	Debit Card	O	09/18/2023	\$ 55.20	TO CAMPAIGN AT EVENT	
				\$		
<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>
DEMOCRATIC WOMEN OF MECKLENBURG COUNTY 725 EAST TRADE STREET CHARLOTTE, NC 28202						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
				Mecklenburg		\$ 130.00
<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>	
SH01	Debit Card	G	07/13/2023	\$ 75.00		
				\$		
<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>
WILLIS DRAUGHN 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>
						\$ 180.00
<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>	
SH01	Debit Card	O	11/13/2023	\$ 180.00	EARLY VOTE POLLS	
				\$		
<b>5. Total only this Page</b>						\$ 310.20
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62
<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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MKE ERVIN 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:			
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SH01	Debit Card	O	11/09/2023	\$ 150.00	EARLY VOTE POLLS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FACEBK WWW.FACEBOOK.COM 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:			
					\$ 254.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SH01	Debit Card	A	11/01/2023	\$ 29.89	CAMPAIGN	
SH01	Debit Card	A	11/06/2023	\$ 50.00	ADVERTISEMENT ADVERTISING	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FACEBK WWW.FACEBOOK.COM 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:			
					\$ 254.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SH01	Debit Card	A	11/15/2023	\$ 75.00	ADVERTISING	
				\$		
<b>5. Total only this Page</b>						\$ 304.89
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62
<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>
COMMITTEE TO ELECT SHAMAIYE HAYNES	

<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>
FEDEX OFFICE 2908 OAK LAKE BLVD STE 107 CHARLOTTE, NC 28217			
		<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>
			\$ 707.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SH01	Debit Card	B	07/17/2023	\$ 53.61	FLYERS
SH01	Debit Card	B	09/22/2023	\$ 64.54	PRINTED MATERIALS

<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>
AUDREY GARRIS 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>
			\$ 240.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SH01	Debit Card	O	11/01/2023	\$ 60.00	EARLY VOTE POLLS
SH01	Debit Card	O	11/02/2023	\$ 60.00	EARLY VOTE POLLS

<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>
AUDREY GARRIS 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>
			\$ 240.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SH01	Debit Card	O	11/03/2023	\$ 60.00	EARLY VOTE POLLS
SH01	Debit Card	O	11/06/2023	\$ 60.00	EARLY VOTE POLLS

<b>5. Total only this Page</b>	\$ 358.15
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<b>6. Total of ALL CRO-1310 Pages</b>	\$ 8,048.62
<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)			
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>	
COMMITTEE TO ELECT SHAMAIYE HAYNES							
<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>	
CHARISSE GRIFFIN 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>	
						\$ 180.00	
<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>		
SH01	Debit Card	O	11/02/2023	\$ 180.00	EARLY VOTE POLLS		
				\$			
<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 MEN 4440 SOUTH BLVD CHARLOTTE, NC 28209							
				<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>	
						\$ 1,099.31	
<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>		
SH01	Debit Card	B	07/12/2023	\$ 1,099.31	PALM CARDS		
				\$			
<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>	
GLADDECE KNIGHT 6800 RAMBLING ROSE DRIVE CHARLOTTE, NC 28205							
				<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>	
						\$ 75.00	
<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>		
SH01	Debit Card	O	07/17/2023	\$ 75.00	SPONSORSHIP/CAMPAIGN PROMOTION		
				\$			
<b>5. Total only this Page</b>						\$ 1,354.31	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62	
(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)							
<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>	
COMMITTEE TO ELECT SHAMAIYE HAYNES							
<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							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MAILCHIMP MAILCHIMP.COM NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 126.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SH01	Debit Card	A	08/29/2023	\$ 20.00	DIGITAL NEWSLETTER		
SH01	Debit Card	A	09/29/2023	\$ 20.00	DIGITAL NEWSLETTER		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MAILCHIMP MAILCHIMP.COM NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 126.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SH01	Debit Card	A	10/30/2023	\$ 33.00	DIGITAL NEWSLETTER		
SH01	Debit Card	A	11/29/2023	\$ 33.00	COMMUNICATIONS/DIGITAL NEWSLETTER		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MICHAEL MAXWELL 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	
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SH01	Debit Card	A	11/08/2023	\$ 200.00	PHOTOGRAPHY		
				\$			
<b>5. Total only this Page</b>						\$ 306.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62	
<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		H* - Holding Public Office Expenses		
E - Salaries	F* - Equipment	G - Political Party	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
I - Postage	J - Penalties						
O* Other							

# 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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>	
MCKENZIE MCKINNEY 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>	
					\$ 160.00	
<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>	
SH01	Debit Card	O	11/02/2023	\$ 80.00	EARLY VOTE POLLS	
SH01	Debit Card	O	11/06/2023	\$ 80.00	EARLY VOTE POLLS	
<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>	
KENNEDY MEADOR 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>	
					\$ 90.00	
<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>	
SH01	Debit Card	O	11/08/2023	\$ 90.00	EARLY VOTE POLLS	
				\$		
<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>	
MIDNITE MULLIGAN 2215 THRIFT ROAD CHARLOTTE, NC 28208						
			<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>	
					\$ 579.31	
<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>	
SH01	Debit Card	C	07/10/2023	\$ 415.03	CAMPAIGN KICK OFF	
				\$		
<b>5. Total only this Page</b>					\$ 665.03	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 8,048.62	
<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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>
TYREE PENN 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>
						\$ 90.00
<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>	
SH01	Debit Card	O	11/08/2023	\$ 90.00	EARLY VOTE POLLS	
				\$		
<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>
SAE PRODUCTIONS MT HOLLY HUNTERSVILLE ROAD CHARLOTTE, NC 28214						
				<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>
						\$ 240.00
<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>	
SH01	Debit Card	C	07/25/2023	\$ 240.00	FUNDRAISER ON 7/23	
				\$		
<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>
WEEBLY WWW.WEEBLY.COM 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>
						\$ 176.00
<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>	
SH01	Debit Card	A	08/14/2023	\$ 16.00	WEBSITE	
SH01	Debit Card	A	09/12/2023	\$ 16.00	WEBSITE	
<b>5. Total only this Page</b>						\$ 362.00
<b>6. Total of ALL CRO-1310 Pages</b> (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)						\$ 8,048.62
<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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<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>
WEEBLY WWW.WEEBLY.COM 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>
						\$ 176.00
<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>	
SH01	Debit Card	A	10/10/2023	\$ 16.00	WEBSITE	
SH01	Debit Card	A	11/13/2023	\$ 16.00	WEBSITE	
<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>
WWW.SOUNDSTRIPE.COM 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>
						\$ 32.16
<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>	
SH01	Debit Card	A	11/14/2023	\$ 32.16	VIDEO SUBSCRIPTION	
				\$		
<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>
YARD SIGN FUN 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>
						\$ 90.00
<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>	
SH01	Debit Card	B	11/06/2023	\$ 90.00	YARD SIGN	
				\$		
<b>5. Total only this Page</b>						\$ 154.16
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8,048.62
<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)						

# 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	K	07/31/2023	\$ 34.31	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	08/16/2023	\$ 34.31	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	09/11/2023	\$ 21.44	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	09/11/2023	\$ 25.73	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	11/03/2023	\$ 34.31	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/03/2023	\$ 34.31	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/08/2023	\$ 20.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	G	08/28/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	G	11/15/2023	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	07/05/2023	\$ 48.26	PARADE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	09/05/2023	\$ 29.49	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	09/22/2023	\$ 13.41	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	11/06/2023	\$ 30.00	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/08/2023	\$ 50.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	B	11/13/2023	\$ 50.00	ADVERTISING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	B	07/18/2023	\$ 14.56	FLYERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/08/2023	\$ 50.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	07/31/2023	\$ 50.00	EVENT REGISTRATION FOR
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	10/10/2023	\$ 50.00	COMMUNICATIONS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	07/31/2023	\$ 20.00	DIGITAL NEWSLETTER
<b>4. Total only this Page</b>					\$	665.13
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	1,094.99
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund
* Codes require detailed explanation in required remarks field (g)						

# Aggregated Non-Media Expenditures

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

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>
COMMITTEE TO ELECT SHAMAIYE HAYNES						
<b>3. Payee Information</b>						
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	O	11/07/2023	\$ 35.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/07/2023	\$ 50.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/08/2023	\$ 50.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	10/25/2023	\$ 17.86	MEAL FOR POLL WORKER SM
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	10/25/2023	\$ 45.00	POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/08/2023	\$ 35.00	EARLY VOTE POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	B	08/07/2023	\$ 27.21	NAME BADGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	B	10/30/2023	\$ 35.91	NAME BADGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	07/25/2023	\$ 19.94	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	K	07/26/2023	\$ 19.94	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	11/15/2023	\$ 30.00	POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	08/07/2023	\$ 14.00	PARKING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SH01	Debit Card	O	09/06/2023	\$ 50.00	TO CAMPAIGN
<b>4. Total only this Page</b>					\$	429.86
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	1,094.99
<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>						