Disclosure Report Cover

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.

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name: COMMITTEE TO ELECT BONNIE HAUSER

c. ID Number: ORA-CHD9U4-C-001

b. Mailing Address (include City, State and Zip Code): 9101 ART ROAD, CEDAR GROE, NC 27231

d. Date Filed: 04/25/2014

e. Phone Number: (919) 732-6198

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	01/27/2014	04/19/2014	STEPHEN GRAF

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report: 1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☑ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name: BRANCH BANKING AND TRUST

b. Purpose: HOLD CAMPAIGN FUNDS

c. Account Code: CHECK1

d. Period Begin Balance: $

3. Account Information

a. Financial Institution Full Name: PAYPAL, INC

b. Purpose: PAYPAL DONATIONS FROM WEBSITE

c. Account Code: PAYPAL1

d. Period Begin Balance: $

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Printed Name of Signer: _____

Signature of Appointed Treasurer: 4-25-2014

Date: 04/25/2014

FOR OFFICE USE ONLY

Date Received: 4/25/14 Employee: BBJ

Date Postmarked: _____ Employee: _____

Date Scanned: 4/28/14 Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

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Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT BONNIE HAUSER	2014 First Quarter	ORA-CHD9U4-C-001

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 532.13	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 0.00	$ 50.00
6) Contributions from Individuals	(CRO-1210)	$ 11,764.12	$ 12,264.12
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 0.00	$ 0.00
9) Loan Proceeds	(CRO-1410)	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0.00	$ 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)		$ 11,764.12	$ 12,314.12
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 9,522.69	$ 9,522.69
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)	$ 0.00	$ 17.87
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)	$ 729.12	$ 729.12
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 10,251.81	$ 10,269.68
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 2,044.44	$ 2,044.44
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	$ 2,250.00	
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

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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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM ALBERTI 4214 MYSTIC LANE HILLSBOROUGH, NC 27278	RETIRED			$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/28/2014	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JESSIE BAILIN 102 LANDING DRIVE CHAPEL HILL, NC 27514	EXECUTIVE PRODUCER	SPARROW PRODUCTIONS		$ 129.66

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	PLATES/CUPS/NAPKINS/COFFEE/CREAM CHEESE	02/21/2014	$ 61.95
☐		In-Kind	BAGELS FOR MEET-GREET	02/22/2014	$ 53.75
☐		In-Kind	ENVELOPES	03/09/2014	$ 13.96

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TONY BLAKE 1411 WHITE CROSS RD CHAPEL HILL, NC 27516	COMMUNICATIONS CONSULTANT	AT&T		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		03/27/2014	$ 50.00
☐					$
☐					$

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4. Total only this Page	$ 254.66
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOUG BLEDSOE 803 PHELPS RD HILLSBOROUGH, NC 27278	FARMER	SELF		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JIMMY BOYE 223 EAST 4TH STREET, APT 2 NEW YORK, NY 10009	MANAGEMENT CONSULTANT	PRICEWATERHOUSE COOPER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/10/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MONTE BROWN 104 BEECHRIDGE CT CHAPEL HILL, NC 27517	SENIOR MANAGER	DUKE UNIVERSITY		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/14/2014	$ 300.00
☐					$
☐					$

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4. Total only this Page	$ 420.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAM BROWN 3161 FOREST KNOLLS DR. CHAPEL HILL, NC 27516	EDUCATION	CHAPEL HILL SCHOOLS		$ 10.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		03/23/2014	$ 10.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS CAIN 105 OUTCROP VIEW LN AUSTIN, TX	RETIRED			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		04/10/2014	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BETTY CASE 21 RAYNOR RD MORRISTOWN, NJ 07960	RETIRED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/28/2014	$ 50.00
☐					$
☐					$

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4. Total only this Page	$ 360.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUZANNE CASE 21 RAYNOR RD MORRISTOWN, NJ 07960	FOOD SCIENTIST	MONGELESE INC		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/25/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEFFREY CHRISTENSEN 190 FRANKLIJN AVE #2 RIDGEWOOD NC, NJ 07450	BUSINESS SYSTEM ANALYST	CITY GROUP		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/28/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLIE CLEARY PO BOX 568 HILLSBOROUGH, NC 27278	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/19/2014	$ 100.00
☐					$
☐					$

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4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VICTORIA CRYER 5600 ORANGE GROVE RD HILLSBOROUGH, NC 27278	NURSE	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/21/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MATTHEW CZAJKOWSKI 1083 BURNING TREE DR CHAPEL HILL, NC 27517	TOWN COUNCILMAN	CHAPEL HILL		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		04/13/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATTY DANIEL 1904 JO MAC RD CHAPEL HILL, NC 27516	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/24/2014	$ 100.00
☐					$
☐					$

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4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DENISE DICKENS 4208 SUGAR RIDGE RD HILLSBOROUGH, NC 27278	ART DIRECTOR	TOWN OF CARY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/23/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHIL DUCLCUMULL 6701 MT. MITCHELL RD EFLAND, NC 27243	RETIRED			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/10/2014	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KNOX EFLAND PO BOX 296 EFLAND, NC 27243	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		04/18/2014	$ 100.00
☐					$
☐					$

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4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KAREN EISNER 114 OLD MAPLE LN DURHAM, NC 27713	PROJECT MANAGER	DUKE VA HOSPITAL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/20/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBIN FARRIN 4121 MYSTIC LN HILLSBOROUGH, NC 27278	HOUSEWIFE	SELF		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		04/11/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINWOOD FUTRELLE 2588 LANDALE LOOP THE VILLAGES, FL 32162	RETIRED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/23/2014	$ 50.00
☐					$
☐					$

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4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SHARON HALPERIN 109 HALF MOON PT CHAPEL HILL, NC 27514	EXECUTIVE DIRECTOR	HOLOCOST SPEAKERS BUREAU		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/21/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BONNIE HAUSER 4301 SUGAR RIDGE RD HILLSBOROUGH, NC 27278 (919) 732-9316	RETIRED		CANDIDATE	$ 1,599.46

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Credit Card		01/27/2014	$ 500.00
☐		In-Kind	ENVELOPES, PAPER, STAMPS	02/07/2014	$ 79.14
☐	CHECK1	Check		02/10/2014	$ 500.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BONNIE HAUSER 4301 SUGAR RIDGE RD HILLSBOROUGH, NC 27278 (919) 732-9316	RETIRED		CANDIDATE	$ 1,599.46

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	PAPER / TONER	02/20/2014	$ 520.32
☐					$
☐					$

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4. Total only this Page	$ 1,699.46
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ED HAUSER 2405 WESTERN PARK LANE HILLSBOROUGH, NC 27278	GENERAL CONTRACTOR	SELF	BROTHER OF CANDIDATE	$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/08/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHLEEN HAUSER 1285 TERRELL WOODS LANE CHAPEL HILL, NC 27516	RETIRED		SISTER-IN-LAW OF CANDIDATE	$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/10/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
REBECCA HAUSER 600 W POPLAR AVE, APT 350 CARRBORO, NC 27510	RETIRED		MOTHER OF CANDIDATE	$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/04/2014	$ 500.00
☐					$
☐					$

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Orange County Bd. of Elections

4. Total only this Page	$ 1,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CARROL HAWKINS 7545 HAWK LANE CEDAR GROVE, NC 27231	RETIRED			$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/19/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERIC HENRY 106 JONES ST CHAPEL HILL, NC 27514				$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/21/2014	$ 30.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL HERSHFIELD 409 BRISTOL RD DURHAM, NC 27707	PHYSICIAN	DUKE UNIVERSITY MEDICAL CENTER		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		04/16/2014	$ 250.00
☐					$
☐					$

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Orange County Bd. of Elections

4. Total only this Page	$ 480.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS HOLMES 4311 BRFADSHAW QUARRY ROAD EFLAND, NC 27243	RETIRED			$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/22/2014	$ 30.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY HOLT 7206 BRADSHAW QUARRY RD MEBANE, NC 27302	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/03/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE HORTON 4500 SCHLEY RD HILLSBOROUGH, NC 27278 (919) 732-6338	PROJECT MANAGER	SUMMIT DESIGN AND ENGINEERING SERVICES		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		04/18/2014	$ 250.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 380.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL JACOBS 719 GIMGHOUL ROAD CHAPEL HILL, NC 27514	PROFESSOR	UNIVERSITY OF NORTH CAROLINA		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/18/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD JOHNSON 6000 BUCKHORN RD HILLSBOROUGH, NC 27278	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/23/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANTON KAMMERBAUER 32 APACHE WAY BRANCHBURG, NJ 08876	FINANCE DIRECTOR	UNITED HEALTH CARE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/21/2014	$ 100.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHY KAUFMAN 1305 LUCY LANE CHAPEL HILL, NC 27516 (919) 933-5257	ENVIRONMENTAL POLICY ANALYST	ENVIRONMENTAL PROTECTION AGENCY		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Credit Card		01/27/2014	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN LAGROTTERIA 3338 KESWICK CT LAND O LAKES, FL 34638	RETIRED			$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/20/2014	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANDY LLOYD 200 S. LLOYDS DAIRY RD EFLAND, NC 27243	FARMER	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 145.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANGELA LLOYD 3103 US HWY 70W EFLAND, NC 27243	TEACHER	ORANGE COUNTY SCHOOLS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BEN LLOYD 2701 US HWY 70W EFLAND, NC 27243	FARMER	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAMELIA LLOYD 2701 US HWY 70W EFLAND, NC 27243	HOME MAKER	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

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APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CRAIG LLOYD 3103 US HWY 70W EFLAND, NC 27243	DOCTOR	MUSCULAR DYSTROPHY ASSOCIATION		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH LYLES 1020 MONMOUTH AVE DURHAM, NC 27701	PHYSICIAN	DUKE CLINICAL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRENDA MCCALL 6333 MOUNT MITCHELL RD EFLAND, NC 27243	NURSE	UNIVERISTY OF NORTH CAROLINA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/14/2014	$ 100.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARILEE MCTIGUE 2322 PICKARD MOUNTAIN RD HILLSBOROUGH, NC 27278	RETIRED			$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/04/2014	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PENNY MILLER 3343 HADFIELD GREENE RD SARASOTA, FL 34235	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/23/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANNE MONTGOMERY 529 AUTHOR MINNIS RD HILLSBOROUGH, NC 27278	RETIRED			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/23/2014	$ 50.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 225.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT NUTTER 3111 DAIRYLAND RD HILLSBOROUGH, NC 27231	FARMER	SELF		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/22/2014	$ 1,000.00
☐	CHECK1	Check		04/08/2014	$ 1,000.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BETSY PARKER 3535 LAWS STORE RD HURDLE MILLS, NC 27541	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		04/08/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL PARKER 601 WEST ROSEMARY STREET CHAPEL HILL, NC 27516	MANAGING PARTNER	BIOASSET ADVISORS		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/19/2014	$ 400.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 2,500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN REDDAN 1235 WEST GEORGE #103 CHICAGO, IL 60657	SENIOR ADVISOR	CVS PHARMACY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/21/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN RICHARDSON 4402 ARROWHEAD TRAIL HILLSBOROUGH, NC 27278	CONSULTANT			$ 35.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/18/2014	$ 35.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LORI SCHWEICKERT 3904 TEER ROAD CHAPEL HILL, NC 27516	PSYCHIATRIST	3C FAMILY SUCCESS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/22/2014	$ 250.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 385.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARGARET SKAGGS 471 WEST 22ND ST, APT F NEW YORK, NY 10011	ARTIST	SELF		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		02/25/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RANDY SPENCER 4806 DODSON CROSS RD HILLSBOROUGH, NC 27278	STORE OWNER	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BETH STEFFEN 418 DEMPSTER ST EVANSTON, IL 60202	FINE ARTIST	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		03/10/2014	$ 100.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PETER STEIN 302 COLUMBIA PLACE EAST CHAPEL HILL, NC 27516	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/24/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TRACY STONE 4806 DODSON CROSS RD HILLSBOROUGH, NC 27278	STORE OWNER	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOB STRAYHORN 2103 NEW HOPE CHURCH RD CHAPEL HILL, NC 27514	RETIRED			$ 40.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Cash		04/14/2014	$ 40.00
☐					$
☐					$

RECEIVED
APR 25 2014
Orange County Bd. of Elections

4. Total only this Page	$ 190.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDMUND TIRYAKIAN 2908 ERICKA DRIVE HILLSBOROUGH, NC 27278	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		04/12/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHLEEN TOZZOLINA 2600 IRISH CREEK ROAD MORGANTON, NC 28655	RETIRED			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/19/2014	$ 100.00
☐	CHECK1	Check		04/10/2014	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SIMON VINCENT 301 COLONY WOODS DR CHAPEL HILL, NC 27517	RETIRED			$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		03/03/2014	$ 25.00
☐					$
☐					$

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4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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 BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERESA WEST 1409 BUCKNER CLARK RD PITTSBORO, NC 27312	BOOKKEEPER	UNIVERISTY OF NORTH CAROLINA		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAYPAL1	Electric Funds Tran		04/02/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NORMA WHITE 4901 SCHLEY RD HILLSBOROUGH, NC 27278	RETIRED			$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CHECK1	Check		02/04/2014	$ 100.00
☐	CHECK1	Check		03/23/2014	$ 50.00
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,764.12

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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

1. Committee Full Name (and Fund if applicable): COMMITTEE TO ELECT BONNIE HAUSER

2. ID Number: ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): A.G.E. GRAPHICS, LLC, 52231 STATE RT 248, LONG BOTTOM, OH 45743, (740) 989-0006

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 3,059.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	B	02/07/2014	$ 205.00	YARD SIGN
CHECK1	Check	B	02/07/2014	$ 1,251.00	YARD SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): A.G.E. GRAPHICS, LLC, 52231 STATE RT 248, LONG BOTTOM, OH 45743, (740) 989-0006

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 3,059.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	O	03/05/2014	$ 123.00	BUSINESS CARDS
CHECK1	Check	B	03/26/2014	$ 1,390.00	YARD SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): A.G.E. GRAPHICS, LLC, 52231 STATE RT 248, LONG BOTTOM, OH 45743, (740) 989-0006

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 3,059.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	B	04/16/2014	$ 90.00	ELECT BONNIE STICKERS
				$	

5. Total only this Page $ 3,059.00

6. Total of ALL CRO-1310 Pages $ 9,522.69

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

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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

1. Committee Full Name (and Fund if applicable): COMMITTEE TO ELECT BONNIE HAUSER

2. ID Number: ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
JESSIE BAILIN
102 LANDING DRIVE
CHAPEL HILL, NC 27514

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 651.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	K	03/05/2014	$ 325.91	PRINTER TONER
CHECK1	Check	B	03/27/2014	$ 325.91	TONER CARTRIDGES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
BRANCH BANKING AND TRUST
351 S CHURTON ST
HILLSBOROUGH, NC 27278-2508
(919) 644-2000

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 48.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Electric Funds Tran	K	02/10/2014	$ 48.30	CHECKS/REGISTER/DEPOSIT STAMP
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
CUSTOM MAIL SOLUTIONS
616 ST. MARY'S ST
RALEIGH, NC 27605
(919) 856-0380

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 3,064.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	B	04/18/2014	$ 3,064.99	POST CARDS
				$	

5. Total only this Page $ 3,765.11

6. Total of ALL CRO-1310 Pages $ 9,522.69

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

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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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT BONNIE HAUSER	ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MAPLE VIEW FARM ICE CREAM 3109 DAIRYLAND ROAD HILLSBOROUGH, NC 27278 (919) 933-3600		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 37.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	O	03/28/2014	$ 37.50	ICE CREAM TOKENS FOR MEET/GREET
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NEWS & OBSERVER 215 SOUTH MCDOWELL ST RALEIGH, NC 27601		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,203.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	A	04/15/2014	$ 1,203.00	PRINT AD/ WEBSITE BANNER AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NEWS OF ORANGE 109 E. KING STREET HILLSBOROUGH, NC 27278 (919) 732-2171		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,190.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	A	03/03/2014	$ 91.60	NEWS PAPER AD
CHECK1	Check	A	04/07/2014	$ 1,099.20	4 ADS IN PAPER

5. Total only this Page	$ 2,431.30
6. Total of ALL CRO-1310 Pages *(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)*	$ 9,522.69

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7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable): COMMITTEE TO ELECT BONNIE HAUSER

2. ID Number: ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ORANGE COUNTY BOARD OF ELECTIONS
208 S CAMERON ST
HILLSBOROUGH, NC 27278
(919) 245-2351

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 156.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	O	02/10/2014	$ 146.00	FILING FEE
CHECK1	Check	O	04/03/2014	$ 10.00	ADDRESS LIST

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	01/27/2014	$ 2.48	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	01/27/2014	$ 14.80	MERCHANT FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	02/08/2014	$ 6.10	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	02/10/2014	$ 3.20	MERCHANT FEE

5. Total only this Page $ 182.58

6. Total of ALL CRO-1310 Pages $ 9,522.69

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

RECEIVED APR 25 2014 Orange County Bd. of Elections

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

1. Committee Full Name (and Fund if applicable): COMMITTEE TO ELECT BONNIE HAUSER

2. ID Number: ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	02/18/2014	$ 1.32	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	02/18/2014	$ 7.55	MERCHANT FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	02/20/2014	$ 0.88	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	02/21/2014	$ 3.20	MERCHANT FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	02/23/2014	$ 3.20	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	02/25/2014	$ 6.10	MERCHANT FEE

5. Total only this Page $ 22.25

6. Total of ALL CRO-1310 Pages $ 9,522.69

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

RECEIVED APR 25 2014 Orange County Bd. of Elections

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT BONNIE HAUSER	ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	03/10/2014	$ 3.20	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	03/27/2014	$ 1.75	MERCHANT FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	04/02/2014	$ 1.75	MERCHANT FEE
PAYPAL1	Electric Funds Tran	O	04/12/2014	$ 3.20	MERCHANT FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAYPAL, INC
2211 NORTH FIRST ST
SAN JOSE, CA 95131
(888) 221-1161

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 84.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PAYPAL1	Electric Funds Tran	O	04/16/2014	$ 7.55	MERCHANT FEE
				$	

5. Total only this Page	$ 17.45
6. Total of ALL CRO-1310 Pages *(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)*	$ 9,522.69

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

RECEIVED APR 25 2014 Wake County Bd. of Elections

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT BONNIE HAUSER	ORA-CHD9U4-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
RUTH ZALPH 750 WEAVER DAIRY RD, APT 3106 CHAPEL HILL, NC 27514	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 45.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CHECK1	Check	B	02/26/2014	$ 45.00	CAMPAIGN BUTTONS
				$	

5. Total only this Page	$ 45.00
6. Total of ALL CRO-1310 Pages *(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)*	$ 9,522.69

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

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Orange County Bd.

In-Kind Contributions

Pg 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT BONNIE HAUSER	ORA-CHD9U4-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JESSIE BAILIN 102 LANDING DRIVE CHAPEL HILL, NC 27514	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $ 129.66

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PLATES/CUPS/NAPKINS/COFFEE/CREAM CHEESE FOR VOLUNTEER KICKOFF	02/21/2014	$ 61.95
BAGELS FOR MEET-GREET	02/22/2014	$ 53.75
ENVELOPES	03/09/2014	$ 13.96

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
BONNIE HAUSER 4301 SUGAR RIDGE RD HILLSBOROUGH, NC 27278 (919) 732-9316	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $ 599.46

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
ENVELOPES, PAPER, STAMPS	02/07/2014	$ 79.14
PAPER / TONER	02/20/2014	$ 520.32
		$

4. Total only this Page	$ 729.12
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 729.12

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Account Transfers Within the Committee

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Amendment ☐ Yes ☒ No

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT BONNIE HAUSER	ORA-CHD9U4-C-001

3. Transfer Information

a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
☐ Add ☐ Remove	PAYPAL1	CHECK1	01/27/2014	$ 400.00
☐ Add ☐ Remove	PAYPAL1	CHECK1	01/27/2014	$ 600.00
☐ Add ☐ Remove	PAYPAL1	CHECK1	02/24/2014	$ 800.00
☐ Add ☐ Remove	PAYPAL1	CHECK1	04/09/2014	$ 450.00

4. Total only this Page	$ 2,250.00
5. Total of ALL CRO-1720 Pages *(This line must be on line 24 of Detailed Summary Page CRO-1100)*	$ 2,250.00

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