

# 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<br>Vote Renee   | c. ID Number<br>1HDD9A          |
| b. Mailing Address (include City, State and Zip Code)<br>1701 Riverside Drive<br>Hillsborough NC 27278 | d. Date Filed<br>7/12/2016      |
|  | e. Phone Number<br>828-337-6573 |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2016           | 3/1/2016                        | 6/30/2016                     | Lee Storrow            |

| 6. Type of Committee (Check One)                       |   | 9. Type of Report (check only one type of report from one category) |  |   |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party            | Municipal   | State/County                               | Referendum                                  |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Organizational                             | <input type="checkbox"/> Organizational    | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Independent Expenditure       | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day                            | Quarterly                                  | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Legal Expense Fund            |   |   |  |   |
| 7. Type of Fund (if applicable, check one)             |   | <input type="checkbox"/> Pre-primary                                | <input type="checkbox"/> First             | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                |   | <input type="checkbox"/> Pre-election                               | <input checked="" type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                 |   | <input type="checkbox"/> Pre-runoff                                 | <input type="checkbox"/> Third             | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Other:                        |   | <input type="checkbox"/> Semi-annual                                | <input type="checkbox"/> Fourth            | <input type="checkbox"/> Special            |
|  |   | <input type="checkbox"/> Mid Year                                   | Semi-annual                                |   |
|  |   | <input type="checkbox"/> Year End                                   | <input type="checkbox"/> Mid Year          |   |
|  |   | <input type="checkbox"/> Final                                      | <input type="checkbox"/> Year End          |   |
|  |   | <input type="checkbox"/> Special                                    | <input type="checkbox"/> Final             |   |
|  |   |   | <input type="checkbox"/> Special           |   |
| 8. Number of Fundraisers this Report                   |   | 10. Special Report Name   |  |   |
|  |   |   |  |   |

| 11. Account Information                                   |  | 11. Account Information |                               |
|---|--|-------------------------|-------------------------------|
| a. Financial Institution Full Name<br>First Citizens Bank | a. Financial Institution Full Name     |                         |                               |
| b. Purpose<br>FUNDRAISING                                 | c. Account Code<br>999                 | b. Purpose              | c. Account Code               |
|   | d. Period Begin Balance<br>\$ 3,996.97 |                         | d. Period Begin Balance<br>\$ |

**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 of Elections.

Lee Storrow  
Printed Name of Signer

*Lee Storrow*  
Signature of Appointed Treasurer

7/12/2016  
Date

**FOR OFFICE USE ONLY**

Date Received: 7/12/16 Employee: \_\_\_\_\_

Date Postmarked: 7/13/16 (cover) Employee: \_\_\_\_\_

Date Scanned: 7/19/16 Employee: bb

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method

Normal Mail *copy sheet*

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

**Received**

**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.

JUL 17 2016  
Orange Co. Bd. of Elections

# Detailed Summary

Amendment  
 Yes  No

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

| 1. Committee Full Name (and Fund if applicable)                              | 2. Type of Report      | 3. ID Number                       |                                  |
|--|------------------------|------------------------------------|----------------------------------|
| Vote Renee   | Second Quarter         | 1HDD9A                             |                                  |
| <b>Start of Election Cycle:</b>  | <b>January 1, 2013</b> | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start   |                        | \$ 3,996.97                        | \$ 0                             |
| <b>RECEIPTS</b>  |                        |                                    |                                  |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)             | \$ 355                             | \$ 3,228                         |
| 6) Contributions from Individuals  | (CRO-1210)             | \$ 700                             | \$ 6,970                         |
| 7) Contributions from Political Party Committees                             | (CRO-1220)             | \$                                 | \$                               |
| 8) Contributions from Other Political Committees                             | (CRO-1230)             | \$ 0                               | \$ 34.36                         |
| 9) Loan Proceeds   | (CRO-1410)             | \$                                 | \$                               |
| 10) Refunds/Reimbursements To the Committee                                  | (CRO-1240)             | \$                                 | \$                               |
| 11) Other Receipt Sources  |                        |                                    |                                  |
| 11a) Interest on Bank Accounts   | (CRO-1250)             | \$                                 | \$                               |
| 11b) Contributions from Not-for-Profit Organizations                         | (CRO-1250)             | \$                                 | \$                               |
| 11c) Outside Sources of Income   | (CRO-1250)             | \$                                 | \$                               |
| 11d) Legal Expense Fund – Other Sources                                      | (CRO-1270)             | \$                                 | \$                               |
| 11 e) Exempt Purchase Price Sales  | (CRO-1265)             | \$                                 | \$                               |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                        | \$ 1,055                           | \$ 10,232.36                     |
| <b>EXPENDITURES</b>  |                        |                                    |                                  |
| 13) Disbursements  |                        |                                    |                                  |
| 13a) Operating Expenditures  | (CRO-1310)             | \$ 3262.09                         | \$ 7,897.48                      |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)             | \$ 200                             | \$ 200                           |
| 13c) Coordinated Party Expenditures  | (CRO-1310)             | \$                                 | \$                               |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)             | \$                                 | \$                               |
| 15) Loan Repayments  | (CRO-1420)             | \$                                 | \$                               |
| 16) Refunds/Reimbursements From the Committee                                | (CRO-1320)             | \$                                 | \$                               |
| 17) In-Kind Contributions  | (CRO-1510)             | \$ 0                               | \$ 545                           |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                        | \$ 3,462.09                        | \$ 8,642.48                      |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                        | \$ 1,589.88                        | \$ 1,589.88                      |
| <b>ADDITIONAL INFORMATION</b>  |                        |                                    |                                  |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)             | \$                                 |                                  |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)             | \$                                 |                                  |
| 22) Debts and Obligations owed By the Committee                              | (CRO-1610)             | \$                                 |                                  |
| 23) Debts and Obligations owed To the Committee                              | (CRO-1620)             | \$                                 |                                  |
| 24) Account Transfers Within the Committee Received                          | (CRO-1720)             | \$                                 |                                  |
| 25) Administrative Support   | (CRO-1710)             | \$                                 | \$                               |
| 26) Forgiven Loans   | (CRO-1440)             | \$                                 | \$                               |
| 27) 48-Hour Notice Reports Sum   | (CRO-2200)             | \$                                 | \$                               |
| 28) Contributions to be Refunded   | (CRO-1215)             | \$                                 | \$                               |

JUL 12 2016

Orange Co. Bd. of Elections

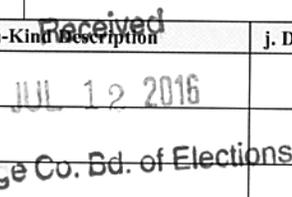


# Contributions from Individuals

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            |  |
|---|-----------------|--------------------|------------------------|-----------------------------------|--|-------------------------|--|
| Vote Renee  |                 |                    |                        |                                   |  | 1HDD9A                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |  | d. Comments             |  |
| Daniel Shannon<br>4718 Taproot Lane<br>Durham NC 27705                                  |                 |                    |                        | Owner                             |  |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |  |                         |  |
|   |                 |                    |                        | Shannon Media                     |  | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |  | \$ 100                  |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount               |  |
| <input type="checkbox"/>  | 999             | On-Line            |                        | 3/3/2016                          |  | \$ 100                  |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |  | d. Comments             |  |
| Charles Price<br>55 Traditions Place<br>Henrietta NY 14467                              |                 |                    |                        | Retired                           |  |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |  |                         |  |
|   |                 |                    |                        | Retired                           |  | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |  | \$ 200                  |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount               |  |
| <input type="checkbox"/>  | 999             | On-Line            |                        | 3/6/2016                          |  | \$ 200                  |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |  | d. Comments             |  |
| Gail Cooley<br>424 Stone Currie Drive<br>Hillsborough NC 27278                          |                 |                    |                        | Retired                           |  |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |  |                         |  |
|   |                 |                    |                        | Retired                           |  | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |  | \$ 200                  |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              |  | k. Amount               |  |
| <input type="checkbox"/>  | 999             | Check              |                        | 3/3/2016                          |  | \$ 100                  |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   |  | \$                      |  |
| 4. Total only this Page   |                 |                    |                        |                                   |  | \$ 400                  |  |
| 5. Total of ALL CRO-1210 Pages  |                 |                    |                        |                                   |  | \$ 700                  |  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                  |                 |                    |                        |                                   |  |                         |  |



# 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            |  |
|--|-----------------|--------------------|-----------------------------|---|--|-------------------------|--|
| Vote Renee   |                 |                    |                             |   |  | 1HDD9A                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                             |   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><br>Michael Hightower<br>250 East Court Drive<br>Atlanta GA 30331 |                 |                    |                             | b. Job Title/Profession<br>Founder & Managing Partner               |  | d. Comments             |  |
|  |                 |                    |                             | c. Employer's Name/Specific Field<br><br>The Collaborative Firm LLC |  |                         |  |
|  |                 |                    |                             |   |  | e. Election Sum to Date |  |
|  |                 |                    |                             |   |  | \$ 300                  |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description      | j. Date (mm/dd/yyyy)  |  | k. Amount               |  |
| <input type="checkbox"/>   | 999             | Check              |                             | 3/14/2016   |  | \$ 300                  |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                             |   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                 |                    |                             | b. Job Title/Profession   |  | d. Comments             |  |
|  |                 |                    |                             | c. Employer's Name/Specific Field                                   |  |                         |  |
|  |                 |                    |                             |   |  | e. Election Sum to Date |  |
|  |                 |                    |                             |   |  | \$                      |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description      | j. Date (mm/dd/yyyy)  |  | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                             |   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                 |                    |                             | b. Job Title/Profession   |  | d. Comments             |  |
|  |                 |                    |                             | c. Employer's Name/Specific Field                                   |  |                         |  |
|  |                 |                    |                             |   |  | e. Election Sum to Date |  |
|  |                 |                    |                             |   |  | \$                      |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description      | j. Date (mm/dd/yyyy)  |  | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                             |   |  | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                             |   |  |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                 |                    |                             | b. Job Title/Profession   |  | d. Comments             |  |
|  |                 |                    |                             | c. Employer's Name/Specific Field                                   |  |                         |  |
|  |                 |                    |                             |   |  | e. Election Sum to Date |  |
|  |                 |                    |                             |   |  | \$                      |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description      | j. Date (mm/dd/yyyy)  |  | k. Amount               |  |
| <input type="checkbox"/>   |                 |                    | Received                    |   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                             | JUL 12 2016   |  | \$                      |  |
| <input type="checkbox"/>   |                 |                    | Orange Co. Bd. of Elections |   |  | \$                      |  |
| 4. Total only this Page  |                 |                    |                             |   |  | \$ 300                  |  |
| 5. Total of ALL CRO-1210 Pages   |                 |                    |                             |   |  | \$ 700                  |  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>   |                 |                    |                             |   |  |                         |  |

# 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><br>1HDD9A |
| <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><br>(include city, state, & zip)   |                           | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>                       |                               |
| USPS<br>125 South Estes<br>Chapel Hill NC 27514  |                           | <b>c. Level Registered (Specify)</b>   |                                     | <b>e. Election Sum to Date</b><br>\$ 833 |                               |
|  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |  |                               |
| <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>    |
| 999  | Check                     | I  | 3/4/2016                            | \$833                                    |                               |
|  |                           |  |                                     | \$                                       |                               |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |                                     |  |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>                       |                               |
| Durham Herald Sun<br>1530 N. Gregson St.<br>Suite 2A<br>Durham NC 27701  |                           | <b>c. Level Registered (Specify)</b>   |                                     | <b>e. Election Sum to Date</b><br>\$ 256 |                               |
|  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |  |                               |
| <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>    |
| 999  | Check                     | A  | 3/6/2016                            | \$256                                    | Newspaper Ads                 |
|  |                           |  |                                     | \$                                       |                               |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |                                     |  |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>                       |                               |
| News and Observer<br>215 South McDowell Street<br>Raleigh NC 27602   |                           | <b>c. Level Registered (Specify)</b>   |                                     | <b>e. Election Sum to Date</b><br>\$ 311 |                               |
|  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |  |                               |
| <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>    |
| 999  | Check                     | A  | 3/7/2016                            | \$311                                    | Newspaper Ads                 |
|  |                           |  |                                     | \$                                       |                               |
| <b>5. Total only this Page</b>   |                           |  |                                     |  | \$ 1400                       |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |  |                                     |  | \$ 3462.09                    |
| <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)   |                           |  |                                     |  |                               |

Received  
 JUL 12 2016  
 Orange Co. Bd. of Elections

# 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>            |
| Vote Renee   |                           |                        |  |                                     | 1HDD9A                         |
| <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><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| WCHL<br>88 Vilcom Circle<br>Chapel Hill NC 27514   |                           |                        |  |                                     |                                |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     | <b>e. Election Sum to Date</b> |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |                                |
|  |                           |                        |  |                                     | \$ 2,298.25                    |
| <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>     |
| 999  | Check                     | A                      | 3/14/2016  | \$1,030                             | Radio Ads                      |
| 999  | Check                     | A                      | 3/22/2016  | \$268.25                            | Radio Ads                      |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| Renee Price<br>1701 Riverside Drive<br>Hillsborough NC 27278   |                           |                        |  |                                     |                                |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     | <b>e. Election Sum to Date</b> |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |                                |
|  |                           |                        |  |                                     | \$ 562.84                      |
| <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>     |
| 999  | Check                     | O                      | 3/22/2016  | \$267.84                            | Robo Calls                     |
| 999  | Check                     | O                      | 4/25/2016  | \$81                                | Travel                         |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| Thomas Watson<br>4519 Orange Grove Road<br>Hillsborough NC 27278   |                           |                        |  |                                     |                                |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     | <b>e. Election Sum to Date</b> |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |                                |
|  |                           |                        |  |                                     | \$ 175.00                      |
| <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>     |
| 999  | Check                     | O                      | 4/25/2016  | \$175.00                            | Food Election Night            |
|  |                           |                        |  | \$                                  |                                |
| <b>5. Total only this Page</b>   |                           |                        |  |                                     | \$ 1822.09                     |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |  |                                     | \$ 3462.09                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |  |                                     |                                |
| A* - Media   |                           | B* - Printing          |  | C* - Fundraising                    |                                |
| E - Salaries   |                           | F* - Equipment         |  | G - Political Party                 |                                |
| I - Postage  |                           | J - Penalties          |  | K* - Office Expenses                |                                |
| O* - Other   |                           |                        |  | D - To Another Candidate            |                                |
|  |                           |                        |  | H* - Holding Public Office Expenses |                                |
|  |                           |                        |  | Q* - Donation to Legal Expense Fund |                                |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |  |                                     |                                |

JUL 12 2016

Orange Co. 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.

|  |                           |  |  |   |                                     |
|--|---------------------------|--|--|---|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |  |  |   | <b>2. ID Number</b>                 |
| Vote Renee   |                           |  |  |   | 1HDD9A                              |
| <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 checked="" 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><br>(include city, state, & zip)   |                           |  | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                  |
| Michael Carmichael   |                           |  |  |   |                                     |
|  |                           |  | <b>c. Level Registered (Specify)</b>   |   |                                     |
|  |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |   |                                     |
|  |                           |  |  |   | <b>e. Election Sum to Date</b>      |
|  |                           |  |  |   | \$ 40.00                            |
| <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>          |
| 999  | Check                     | F  | 4/19/2016  | \$40.00   | Hardware for Signs                  |
|  |                           |  |  | \$  |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |  |   |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |  | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                  |
| Hall for House District 29<br>PO Box 25308<br>Durham, NC 27702   |                           |  |  |   |                                     |
|  |                           |  | <b>c. Level Registered (Specify)</b>   |   |                                     |
|  |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |   |                                     |
|  |                           |  |  |   | <b>e. Election Sum to Date</b>      |
|  |                           |  |  |   | \$ 200                              |
| <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>          |
| 999  | Check                     | D  | 5/3/2016   | \$200   |                                     |
|  |                           |  |  | \$  |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |  |   |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |  | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                  |
|  |                           |  |  |   |                                     |
|  |                           |  | <b>c. Level Registered (Specify)</b>   |   |                                     |
|  |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |   |                                     |
|  |                           |  |  |   | <b>e. Election Sum to Date</b>      |
|  |                           |  |  |   | \$                                  |
| <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>          |
|  |                           |  |  | \$  |                                     |
|  |                           |  |  | \$  |                                     |
| <b>5. Total only this Page</b>   |                           |  |  |   | \$ 240                              |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |  |  |   | \$ 3462.09                          |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |  |  |   |                                     |
| A* - Media   | B* - Printing             | C* - Fundraising   | JUL 12 2016  |   | D - To Another Candidate            |
| E - Salaries   | F* - Equipment            | G - Political Party  | Orange Co. Bd. of Elections  |   | 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)   |                           |  |  |   |                                     |