

Disclosure Report Cover

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 Committee to Elect Jenn Weaver | c. ID Number 3HDD39 |
| b. Mailing Address (include City, State and Zip Code) 323 W. Queen Street Hillsborough, NC 27278 | d. Date Filed 10/1/2013 |
| | e. Phone Number 919-619-6065 |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2013 | 07/01/2013 | 09/24/2013 | Shannon G. Eubanks |

| 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 checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input checked="" type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> 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 | | |
| 28 | | | | |

| 11. Account Information | | 11. Account Information | |
|--|---------------------------------|------------------------------------|-------------------------------|
| a. Financial Institution Full Name SunTrust | b. Purpose Campaign | a. Financial Institution Full Name | b. Purpose |
| c. Account Code 1 | d. Period Begin Balance \$ 0 | c. Account Code | 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 of Elections.

Shannon G. Eubanks
Printed Name of Signer

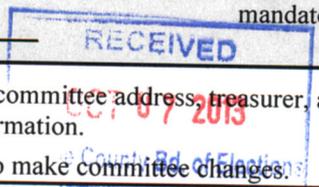
[Signature]
Signature of Appointed Treasurer

10/01/2013
Date

| FOR OFFICE USE ONLY | | | |
|---------------------|----------------|---|------------|
| Date Received: | <u>10/7/13</u> | Employee: | <u>SES</u> |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | <u>10/7/13</u> | Employee: | <u>SES</u> |
| Date Data Entered: | _____ | Employee: | _____ |
| | | Delivery Method | |
| | | <input checked="" type="checkbox"/> Normal Mail | |
| | | <input type="checkbox"/> Registered Mail | |
| | | <input type="checkbox"/> Hand Delivered | |
| | | <input type="checkbox"/> Electronically Filed | |
| | | <input type="checkbox"/> Signer has not received mandatory training | |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.



Detailed Summary

Amendment
 Yes No

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

| | | |
|--|------------------------------------|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) Committee to Elect Jenn Weaver | 2. Type of Report 35 Day | 3. ID Number 3HDD39 |
|--|------------------------------------|-------------------------------|

| | | |
|---|------------------------------------|----------------------------------|
| Start of Election Cycle: January 1, 2013 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 0 | \$ 0 |

| RECEIPTS | | |
|--|------------|------------|
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 0 | \$ 0 |
| 6) Contributions from Individuals (CRO-1210) | \$ 2270.00 | \$ 2270.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0 | \$ 0 |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 0 | \$ 0 |
| 9) Loan Proceeds (CRO-1410) | \$ 0 | \$ 0 |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | \$ 0 | \$ 0 |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0 | \$ 0 |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | \$ 0 | \$ 0 |
| 11c) Outside Sources of Income (CRO-1250) | \$ 0 | \$ 0 |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | \$ 0 | \$ 0 |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | \$ 0 | \$ 0 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 2270.00 | \$ 2270.00 |

| EXPENDITURES | | |
|--|------------|------------|
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 1269.30 | \$ 1269.30 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 0 | \$ 0 |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 0 | \$ 0 |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 0 | \$ 0 |
| 15) Loan Repayments (CRO-1420) | \$ 0 | \$ 0 |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | \$ 0 | \$ 0 |
| 17) In-Kind Contributions (CRO-1510) | \$ 0 | \$ 0 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 1269.30 | \$ 1269.30 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1000.70 | \$ 1000.70 |

| ADDITIONAL INFORMATION | | |
|--|------|------|
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ 0 | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 0 | |
| 22) Debts and Obligations owed By the Committee (CRO-1610) | \$ 0 | |
| 23) Debts and Obligations owed To the Committee (CRO-1620) | \$ 0 | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ 0 | |
| 25) Administrative Support (CRO-1710) | \$ 0 | \$ 0 |
| 26) Forgiven Loans (CRO-1440) | \$ 0 | \$ 0 |
| 27) 48-Hour Notice Reports Sum (CRO-2200) | \$ 0 | \$ 0 |
| 28) Contributions to be Refunded (CRO-1215) | \$ 0 | \$ 0 |

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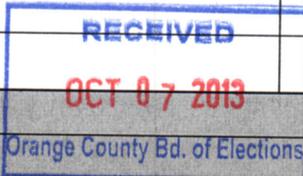
OCT 07 2013

Orange County Bd. of Elections

Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | | | | | | |
|---|--|-----------------|---|--------------------|-------------------|------------------------|--------------------------|----------------------|------------------------|--------------|-----------------------------|
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Lindsley Bowen 1104 W. King Street Hillsborough, NC 27278 | | | b. Job Title/Profession Office Manager | | d. Comments | | | | | | |
| | | | c. Employer's Name/Specific Field Koroberi | | | | | | | | |
| | | | e. Election Sum to Date \$ 10.00 | | | | | | | | |
| | | | f. Prior <input type="checkbox"/> | | g. Account Code 1 | | h. Form of Payment check | | i. In-Kind Description | | j. Date (mm/dd/yyyy) 8/9/13 |
| f. Prior <input type="checkbox"/> | | g. Account Code | | h. Form of Payment | | i. In-Kind Description | | j. Date (mm/dd/yyyy) | | k. Amount \$ | |
| f. Prior <input type="checkbox"/> | | g. Account Code | | h. Form of Payment | | i. In-Kind Description | | j. Date (mm/dd/yyyy) | | k. Amount \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Vivian Carol 6404 Montvale Court Charlotte, NC 28226 | | | b. Job Title/Profession Counselor | | d. Comments | | | | | | |
| | | | c. Employer's Name/Specific Field self | | | | | | | | |
| | | | e. Election Sum to Date \$ 50.00 | | | | | | | | |
| | | | f. Prior <input type="checkbox"/> | | g. Account Code 1 | | h. Form of Payment check | | i. In-Kind Description | | j. Date (mm/dd/yyyy) 8/5/13 |
| f. Prior <input type="checkbox"/> | | g. Account Code | | h. Form of Payment | | i. In-Kind Description | | j. Date (mm/dd/yyyy) | | k. Amount \$ | |
| f. Prior <input type="checkbox"/> | | g. Account Code | | h. Form of Payment | | i. In-Kind Description | | j. Date (mm/dd/yyyy) | | k. Amount \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Elizabeth Woodman 116 W. Queen Street Hillsborough, NC 27278 | | | b. Job Title/Profession Publisher | | d. Comments | | | | | | |
| | | | c. Employer's Name/Specific Field self | | | | | | | | |
| | | | e. Election Sum to Date \$ 100.00 | | | | | | | | |
| | | | f. Prior <input type="checkbox"/> | | g. Account Code 1 | | h. Form of Payment check | | i. In-Kind Description | | j. Date (mm/dd/yyyy) 8/4/13 |
| f. Prior <input type="checkbox"/> | | g. Account Code | | h. Form of Payment | | i. In-Kind Description | | j. Date (mm/dd/yyyy) | | k. Amount \$ | |
| f. Prior <input type="checkbox"/> | | g. Account Code | | h. Form of Payment | | i. In-Kind Description | | j. Date (mm/dd/yyyy) | | k. Amount \$ | |
| 4. Total only this Page | | | | | \$ 160.00 | | | | | | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2,270 | | | | | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | | | | |



Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Kay Singer 120 E. Union Street Hillsborough, NC 27278 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 7/30/13 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Michele Hoyman | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | UNC-Chapel Hill | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/7/13 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Julia Corely 402 W. Hill Avenue Hillsborough, NC 27278 | | | Massage Therapist | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | e. Election Sum to Date | |
| | | | | | \$ 40.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/7/13 | \$ 40.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 215.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2,270 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |



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 Orange County Bd. of Elections

Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Lindsley Bowen 1104 W. King Street Hillsborough, NC 27278 | | | Office Manager | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Koroberi | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 10.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/9/13 | \$ 10.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Vivian Carol 6404 Montvale Court Charlotte, NC 28226 | | | Counselor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/5/13 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Elizabeth Woodman 116 W. Queen Street Hillsborough, NC 27278 | | | Publisher | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/4/13 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 160.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2,270 | |

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 Orange County Bd. of Elections

Contributions from Individuals

Pg 3 of 10

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 Jenn Weaver | | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Jack Cover 8605 Batom Court Raleigh, NC 27613 | | | | retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/1/13 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Ferrel Guillory 4628 Gramercy Court Raleigh, NC 27609 | | | | Professor | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | UNC-Chapel Hill | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/20/13 | | \$ 25.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Craig Weaver 513 Calloway Road Boone, NC 28607 | | | | Counselor | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | self | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/13/13 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 625.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 2,270 | |

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Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| John Wilson 5007 Dunwoody Trail Raleigh, NC 27606 | | | retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | check | | 8/12/13 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Gretchen Engel 707 Shepherd Street Durham, NC 27701 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | check | | 8/17/13 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Amy Gelber 5521 Buckhorn Road Efland, NC 27243 | | | Potter | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | check | | 9/10/13 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 625.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,270 | |

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Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Sandra Babb 3908 Bentley Brook Drive Raleigh, NC 27612 | | | retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 8/22/13 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| John Bemis 125 Tuscarora Avenue Hillsborough, NC 27278 | | | Author | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Carolina Meadows | | e. Election Sum to Date | |
| | | | | | \$ 75.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 9/4/13 | \$ 75.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Nancy Esperson 117 W. Queen Street Hillsborough, NC 27278 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/26/13 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,270 | |

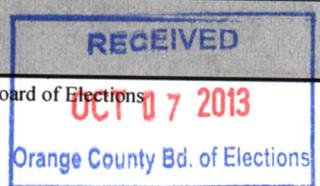


Contributions from Individuals

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 Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| John Piper Watters 711 Kilby Street Burlington, NC 27215 | | | Property Maintenance | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/26/13 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Mary Jane Joyal 351 E. Border Bisbee, AZ 85603 | | | Nurse | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/22/13 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Erin Eckert 1811 Rams West Hillsborough, NC 27278 | | | Emergency Responder | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Orange County | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/1/13 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 175.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,270 | |



Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Kendra Cotton 5826 Solitude Way Durham, NC 27713 | | | Policy Director | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | State of NC | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/01/13 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Shana Corey 615 17 th Street Brooklyn, NY 11218 | | | Editor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Random House | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/01/13 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Daniel Seltz 106 Morningside Dr New York, NY 10027 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/1/13 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2,270 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

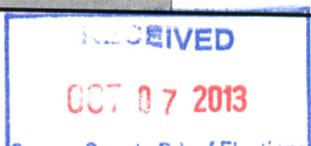


Contributions from Individuals

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 | |
| Committee to Elect Jenn Weaver | | | | | 3HDD39 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Korti Campbell 13521 Aldenbrook Drive Huntersville, NC 28078 | | | Admissions Director | | | |
| | | | c. Employer's Name/Specific Field Davidson College | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/01/13 | | \$ 20.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Matt Steigler 309 Wellesley Rd Philadelphia, PA 19119 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field self | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/01/13 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Patty Skuster 309 Wellesley Road Philadelphia, PA 19119 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field IPAS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/1/13 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 220.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,270 | |



Contributions from Individuals

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

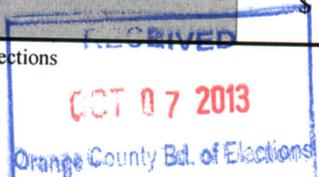
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|--------------|
| Committee to Elect Jenn Weaver | 3HDD39 |

| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
|--|-----------------|-----------------------------------|------------------------|----------------------|-----------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments | | | |
| Miranda Weaver 103 Bittercross Ct Cary, NC 27518 | | Pharmaceutical VP | | | | |
| | | c. Employer's Name/Specific Field | | | | |
| | | Pharmaceutical Company | | | | |
| | | e. Election Sum to Date | | | | |
| | | \$ 100.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/01/13 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |

| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
|--|-----------------|-----------------------------------|------------------------|----------------------|-----------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments | | | |
| Lori Etter 3511 Alman Drive Durham, NC 27705 | | Dermatologist | | | | |
| | | c. Employer's Name/Specific Field | | | | |
| | | self | | | | |
| | | e. Election Sum to Date | | | | |
| | | \$ 100.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/05/13 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |

| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
|--|-----------------|-----------------------------------|------------------------|----------------------|-----------|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments | | | |
| Samuel Hummel 2921 Open Lane Hillsborough, NC 27278 | | Farmer | | | | |
| | | c. Employer's Name/Specific Field | | | | |
| | | self | | | | |
| | | e. Election Sum to Date | | | | |
| | | \$ 100.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Pay Pal | | 8/5/13 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |

| 4. Total only this Page | \$ 300.00 |
|--|-----------|
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ 2,270 |



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 Jenn Weaver | 3HDD39 |

| | | | |
|---|--|--------------------------------|--|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | |
| David Neal 323 W. Queen Street Hillsborough, NC 27278 | Attorney | | |
| | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | self | | |
| | | \$ 25.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Pay Pal | | 7/31/13 | \$ 25.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | | | |
|--|--|--------------------------------|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | |
| | | | |
| | 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 (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"/> | | | | | \$ |

| | |
|---|----------|
| 4. Total only this Page | \$ 25.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ 2,270 |

RECEIVED

OCT 07 2013

Disbursements

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

| | | | | | |
|---|---------------------------|---|-------------------------------------|---|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) Committee to Elect Jenn Weaver | | | | | 2. ID Number 3HDD39 |
| 3. Type of Disbursement <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 | | | | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples 3600 North Duke Street Durham, NC 27704 | | b. Coordinated Committee Name | | d. Comments | |
| | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 233.56 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | debit card | K | 7/26/13 | \$107.78 | envelopes |
| 1 | debit card | K | 7/25/13 | \$125.78 | paper |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Fed Ex Office 114 W. Franklin Street Chapel Hill, NC 27516-2516 | | b. Coordinated Committee Name | | d. Comments | |
| | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 31.54 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | credit card | K | 8/30/13 | \$31.54 | paper |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Fed Ex Office 610 9 th Street Durham, NC 27705 | | b. Coordinated Committee Name | | d. Comments | |
| | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 4.84 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Credit Card | B | 07/25/13 | \$4.84 | printing emails |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 269.94 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,269.30 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 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

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 Jenn Weaver | | | | | 3HDD39 |
| 3. Type of Disbursement <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 | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Hillsborough Main PO Hillsborough, NC 27278-2686 | | | | | |
| c. Level Registered (Specify) | | | | | |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | | | | e. Election Sum to Date |
| | | | | | \$ 132.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | debit card | I | 9/3/2013 | \$33.00 | |
| 1 | debit card | I | 9/25/13 | \$99.00 | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Fed Ex Office 5319 New Hope Commons Durham, NC 27707 | | | | | |
| c. Level Registered (Specify) | | | | | |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | | | | e. Election Sum to Date |
| | | | | | \$ 119.35 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | credit card | A | 9/24/13 | \$119.35 | fliers |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Postal Connections 169 Boone Square St. Hillsborough, NC 27278 | | | | | |
| c. Level Registered (Specify) | | | | | |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | | | | e. Election Sum to Date |
| | | | | | \$ 174.69 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Cash | B | 09/24/13 | \$174.69 | fliers |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 426.04 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,269.30 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 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

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 Jenn Weaver | | | | | 3HDD39 |
| 3. Type of Disbursement <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 | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Town of Hillsborough PO Box 429 Hillsborough, NC 27278 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 10.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Check | O | 7/5/2013 | \$10.00 | Filing Fee |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Dollar General 662 N. Churton Street Hillsborough, NC 27278 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 6.13 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Credit Card | K | 7/26/13 | \$6.13 | candy for meet |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Gephardt Marketing Solutions 1401 Poplar Lane Hillsborough, NC 27278 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 540.73 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Check | A | 9/18/13 | \$540.73 | yard signs |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 556.86 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,269.30 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes (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) | | | | | |

Disbursements

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

| | | | | | |
|---|---------------------------|---|--|---|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| Committee to Elect Jenn Weaver | | | | | 3HDD39 |
| 3. Type of Disbursement <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 | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Walmart 501 Hampton Pointe B Hillsborough, NC 27278 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 16.46 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | credit card | K | 8/28/13 | \$7.49 | name badges |
| 1 | credit card | K | 9/2/13 | \$8.97 | address labels |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 16.46 |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | \$ 1,269.30 |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| 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) | | | | | |

