

# Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 to Sara Stephens	c. ID Number FHD2RH
b. Mailing Address (include City, State and Zip Code) PO Box 481 Hillsborough, NC 27278	d. Date Filed 2/10/2014
	e. Phone Number 919.641.3969

2. Report Year 2014	3. Period Start Date (mm/dd/yy) <del>2/18/2014</del> 4/20/2014	4. Period End Date (mm/dd/yy) 6/30/2014	5. Treasurer Full Name Megan Collins King
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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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>	
<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	<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 checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	
<input 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	10. Special Report Name	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final		
			<input type="checkbox"/> Special		

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose campaign	c. Account Code 0506	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1516.74		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.

Sara Stephens  
Printed Name of Signer

*Sara Stephens*  
Signature of Appointed Treasurer

2014  
Date

**FOR OFFICE USE ONLY**

Date Received: 7-11-14 Employee: JHR Delivery Method:  Normal Mail

Date Postmarked: 7 Employee: \_\_\_\_\_  Registered Mail

Date Scanned: 7/11/14 Employee: \_\_\_\_\_  Hand Delivered

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_  Electronically Filed

Signer has not received mandatory training

RECEIVED  
JUL 11 2014  
Orange County Bd. of Elections

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

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Sara Stephens	Final Report	FHD2RH	
<b>Start of Election Cycle:</b>	<b>January 1, 2014</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 1516.74	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25.00	\$ 274.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 4867.22
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 748.00
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)		\$ 25.00	\$ 5889.22
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 789.00	\$ <del>1746.99</del> 2494.99
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 748.00	\$ 748.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 4.74	\$ 4.74
17) In-Kind Contributions	(CRO-1510)	\$	\$ 2641.49
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 789.00	\$ <del>4388.48</del> 5889.22
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0
<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	(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)	\$	

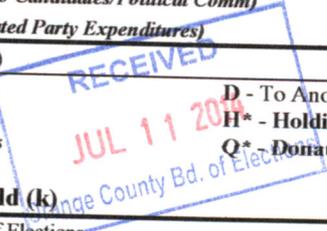
RECEIVED  
 JUL 11 2014  
 Orange County Bd. of Elections



# Disbursements

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

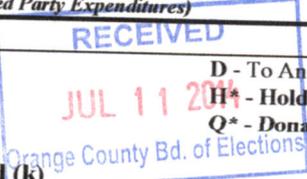
<b>1. Committee Full Name (and Fund if applicable)</b> Committee to Elect Sara Stephens					<b>2. ID Number</b> FHD2RH	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> 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> <i>(include city, state, &amp; zip)</i> Independent Weekly 709 W. Jones St Raleigh, NC 27605			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 240.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
0506	Visa card	B*	04/29/2014	\$240.00	Advertisement	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> The News of Orange 109 E King St Hillsborough, NC 27278			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 171.75	
<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>	
0506	Visa Card	B*	04-30-2014	\$171.75		
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> TheNews & Observer 215 South McDowell Street P.O. Box 191 Raleigh, NC 27602			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 302.25	
<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>	
0506	Visa card	B*	4/25/2014	\$302.25		
				\$		
<b>5. Total only this Page</b>					\$ 714.00	
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 789.00	
<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						



# Disbursements

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

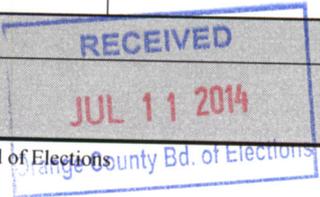
<b>1. Committee Full Name (and Fund if applicable)</b> Committee to Elect Sara Stephens					<b>2. ID Number</b> FHD2RH
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FedEx 610 9th Street Durham, NC 27712			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 75
<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>
0506	Visa card	B*	4/30/2014	\$75	Flyers
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$
<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>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$
<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>					\$
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 75.00
<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>					\$ 789.00
<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					



# Loan Repayments

Use this form to report payments on an existing loan.

<b>1. Committee Full Name (and Fund if applicable)</b> Committee to Elect Sara Stephens				<b>2. ID Number</b> FHD2RH	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Sara Stephens 5805 Craig Road Durham, NC 27712				<b>b. Comments</b>	
				<b>c. Original Loan Date</b> 2/10/2014	
				<b>d. Original Loan Amount</b> \$ 748.00	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$ 0	0506	check	7/10/2014	\$ 748.00	
\$				\$	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Original Loan Date</b>	
				<b>d. Original Loan Amount</b> \$	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$				\$	
\$				\$	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Original Loan Date</b>	
				<b>d. Original Loan Amount</b> \$	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$				\$	
\$				\$	
<b>4. Total only this Page</b>				\$ 748.00	
<b>5. Total of ALL CRO-1420 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 748.00	



# Refunds/Reimbursements From the Committee

Pg  of

Amendment  
 Yes  No

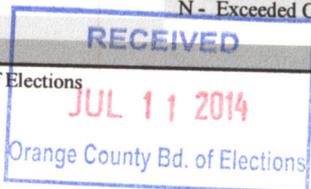
Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Committee to Elect Sara Stephens			FHD2RH	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Sara Stephens 5805 Craig Road Durham, NC 27712		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 4.74
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		L		\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
Sales Representative	Carolina Healthcare	campaign supplies		0506
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>4. Total only this Page</b>				
				\$ 4.74
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				
				\$ 4.74
L - Returned to Contributor      M - Overpayment for Service P* - Reimbursement of In-Kind      O* Other      N - Exceeded Contribution Limit				
* Codes require detailed explanation in required remarks field (m)				

CRO-1320

NC State Board of Elections

December 2007



North Carolina  
State Board of Elections

441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

**FILED BY:**

Committee Name: Committee to Elect Sara Stephens  
Treasurer Name: Megan Collins King  
Treasurer Address: 564 Calm Passage  
(include city, state, & zip) Rougemont, NC 27572  
  
Treasurer Phone: 919.608.0581

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7/8/2014  
Date Signed

Sara S. Stephens  
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

