Use this form for get Do not use this form			informa	ation, must be	e signed	l and s	ubmitted along with o	ther detailed forms.
1. Committee Info	rmation							
a. Fuli Name	_					<u> </u>		c. ID Number
Committee to Elect	t John D	avenport						HCQVC5
b. Mailing Address (incl	lude City,	State and Zip Code)				,		d. Date Filed
2441 Kingsgate DF Winston-Salem, No	3	 			•	<u> </u>		10-24-2014
	0 27 101							e. Phone Number
	1							
2. Report Year	3. Peri	iod Start Date (mm/	đđ/yy)	4. Period 1 (mm/dd/yy)	End Da	ite	5. Treasurer Full	Name
		7-1-2015		10-1	8-2014		Ralph Burroughs	
6. Type of Commit	tee (Ch	eck One)	9. Ty	pe of Report	(0	heck o	nly one type of report	from one category)
Candidate Camp		Party	Munic	ipal		State/0	County	Referendum
PAC		Referendum		Organizational			Organizational	Organizational
Independent Expenditure	. [Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum
Legal Expense Fi 7. Type of Fund		licable, check one)	1_	Pre-primary	,		First	Final
"Booster Fund"	(ij uppi	icable, theth only	18	Pre-election			Second	Supplemental Final
Building Fund			lΗ	Pre-runoff		\boxtimes	Third	Annual
				Semi-annual			Fourth	Special
				Mid Year	•		Semi-annual	
Other:				Year End			Mid Year	10. Special Report Name
				Final			Year End	
8. Number of Fund	lraisers	this Report		Special			Final Special	
11. Account Inform	nation		l		11. A	ccount	Information	
a. Financial Institution l		· · · · · · · · · · · · · · · · · · ·					titution Full Name	
b. Purpose		c. Account Code			b. Purj	ose		c. Account Code
	ļ	d. Period Begin Balance						d. Period Begin Balance
	F							
		\$						\$
CERTIFICATION	Ī							•
I certify that the Cor the NC General Star is complete, true and	tutes and	d that no funds are c	ommin	gled with pro	hibited	or othe	er nøft-disclosed fands	, & 22D-22M of Chapter 163 of I further certify that this report
Ralph Buri		t and mat I have bee	л напк	ou by the ric		A a		0-24-2014
_ xuipii Buii	 ×	d Name of Signer		- ×s	ignature	of Appoir	nted Treasurer	Date
FOR OFFICE USE	ONLY			·····			/ /	
Date Received:				Employee:			<u>I</u>	<u>Delivery Method</u> Normal Mail
Date Postmarke	ed:			Employee:				Registered Mail Hand Delivered
Date Scanned:		·		Employee:			·	Electronically Filed Signer has not received
Date Data Ente	red:			Employee:			·	COPY in g
Please Note: This	s form c			nmittee infor				ss, treasurer, assistant treasurer,

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

Disclosure Report Cover

Detailed Summary

Amendment

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report					
Committee To Elect John Davenport	3rd Qtr 🛫		HCQVC5			
	0:-11-	Total this	Total this			
Start of Election Cycle: January 1,	2014	Reporting Period	ſ			
4) Cash on Hand at Start		\$ 70.00	\$ 70.00			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 1710	\$ 1710			
7) Contributions from Political Party Committees	(CRO-1220)	\$ 250	\$ 250			
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500	\$ 500			
9) Loan Proceeds	(CRO-1410)	\$ 20000	\$ 20000			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$			
11) Other Receipt Sources		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-for-Profit Organizati	ons (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, 11	c, 11d and 11e)	\$ 22460.00	\$ 22460.			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 11465,38	\$ 11465.38			
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$ 50	\$ 50			
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)	\$	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 11515.38	\$ 11515.38			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 11014.62	\$ 11014.62			
ADDITIONAL INFORMATION	· · · · · · · · · · · · · · · · · · ·					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaign	1S) (CRO- <u>1</u> 430)	\$				
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)	\$	SOPE			
26) Forgiven Loans	(CRO-1440)	\$	LUPY			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	φ			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

		m Individuals		Pg	of		Amenament _ Yes	☐ No
				0 or contributions un	der \$50 if form C			
1. Com	mittee Fuli Name	(and Fund if application	able)			2. ID Nu	mber	
Commit	tee To Elect John	Davenport					HCQVC5	
3. Conti	ributor Informati	on		Add 🗌 Ren	nove			
ï	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ıts	
	e city, state, & zip)			Homemaker				
	C. Smith					4		
520 Suri	-			c. Employer's Name/Sp	ecific Field	1		-
WHISTON	-Salem, NC 2710	+				a Floriton	Sum to Date	
				-				•
		1				\$	35	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			9-27-20	014	\$	35
							\$	
				+			\$	
3. Contr	ibutor Informatio	on		Add Ren	nove	 ,-		
a. Full Nar	me, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Businessperson				
-	H. Disher							
	untry Club Road			c. Employer's Name/Spe	ecific Field			
Winston-	-Salem, NC 27104	+						
						e. Election S	Sum to Date	
	<u> </u>			·		\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			9-29-20)14	\$	100
							\$	
	<u></u>						\$	
3. Contri	ibutor Informatio	מו		Add 🗌 Ren	iove			
a. Full Nam	ıe, Mailing Address &	: Phone	!	b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired				
Robert P.								
	npton Road is, NC 27012		İ	c. Employer's Name/Spe	cific Field			
Cicitation	IS, NC 27012					e. Election S	num to Doto	
						\$	25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy		k Amount	
	,	Check			10-7-1	4	\$	25
				,	-		\$	
							\$	· -
4. Total	only this Page					C	OPV	160
5. Total	of ALL CRO-	·1210 Pages				Į		
This lies	wrethan business of	atailed Samman, Dage C	DA 1100			-		1

		n Individuals ividual contributions	over \$5	O or contributions	Pg s unde	of er \$50 if form CF	PO 1205 is 1	Yes not used	No No
		(and Fund if applica		O OI COILLIOGEOIG) 41144	νι ψου 11 102111 <u>-</u>	2. ID Nun		
	ee To Elect John I							HCQVC5	
3. Contr	ibutor Informatio	on		Add 🗌	Rem	ove			
a. Full Nan	ne, Mailing Address &	è Phone		b. Job Title/Profess	sion		d. Comment	s	
	city, state, & zip)			Retireds.				i	
R. M. W		State of the state		27 Le-oute Norm	- 15 m s.	*** - Y2:-Y.II	1		
	uemore Road 2018 ns, NC 27012	intex Path		c. Employer's Nam	1e/Spec	eilic Fieia	1		
Cicinno	.18, NC 27012						e. Election S	um to Date	· · · · · · · · · · · · · · · · · · ·
							\$	100	_
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/yy)	уу)	k. Amount	
		check				10-7-20)14	\$	100
								.\$	
								\$	
3. Contr	ibutor Informatio)n		Add 🗌	Rem	ove			
a. Full Nam	ne, Mailing Address &	r Phone		b. Job Title/Profess	sion		d. Comment	9	
	city, state, & zip)			Homemaker				4.4	
Glemda V						10 Pt 11	-		
	andiles Lane Salem, NC 27104			c. Employer's Nam	ie/Spec	citic Field			
WHISTOII-	Salem, NC 2/104					'	e. Election S	um to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Gind Description		j. Date (mm/dd/yyy	yy)	k. Amount	
		check				10-1-20)14	\$	25.00
						,		\$	
						1		\$	1
	butor Informatio				Remo	ove	· · · · · · · · · · · · · · · · · · ·		<u></u>
	e, Mailing Address &	Phone		b. Job Title/Profess	sion		d. Comments	9	
Robert C.	city, state, & zip)			Management					
	intry Club Road			c. Employer's Nam		rific Field			
	Salem, NC 27104			Leesona Corp					_
							e. Election S	um to Date	
							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yyy	/y)	k. Amount	
		Check				9-18-20	14	\$	100
								\$	
								\$	٦
4. Total	only this Page	.			•			OPV	225.00
5. Total	of ALL CRO-	-1210 Pages	,					OI I	
(This line	must be on line 6 of L	Detailed Summary Page C	RO-1100))			<u> </u>		_

		m Individuals	. avram ¢4		Pg	of	DO 1005 :-	AmendmentYes	t No
	 	dividual contributions (and Fund if applications)		or contributions	under \$50 I	i iorin C	2. ID Nu		
	tee To Elect John		abic)				2. 15 1(0	HCQVC5	
3. Contr	ributer Informati	ion		Add 🔲 🛚	Remove				
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Professi			d. Commer	nts	
(include	e city, state, & zip)			Paint Contracto	r				
David H	ayes								
4417 Ber	nt Tree Farm Roa	đ		c. Employer's Name	/Specific Field				
Winston	-Salem, NC 2710	6		-					
							e. Election	Sum to Date	
							\$	150	• .
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check				10-7-20	014	\$	150
	:			· · · · · · · · · · · · · · · · · · ·				\$	
								\$	
3. Contr	ibutor Informati	on	<u> </u>	Add I	Remove				
	ne, Mailing Address &			b. Job Title/Professi			d. Commen	rts	
(include	city, state, & zip)			Retired				·	
Van J. C	rotts								
45- Arch				c. Employer's Name	/Specific Field]		
Winston-	-Salem, NC 27106	54			4				
							e. Election :	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (1	mm/dd/yy	(V.)	k. Amount	
		check				9-18-20	14	\$	100.00
								\$	
		,						\$	
	butor Informatio			Add 🗌 R	temove				
	e, Mailing Address &	Phone		b. Job Title/Profession	on		d. Comment	ts	
	city, state, & zip)			Homemaker					
Deboran (201 Halcy	G. Casstevens	•			'O 45 TH 11				
	Salem, NC 27104			c. Employer's Name/	Specific Field				
**********	Suiom, 110 2710+						e. Election S	Sum to Date	
		•							
. Prior	g. Account Code	h. Form of Payment	1 A Y YZ	for 3 Year and 45 are	1.5.		\$ 	75.00	
	g. Account Code		I. III-K	ind Description		nm/dd/yyy		k. Amount	
		Check				10-16-20	014	\$	75.00
			<u> </u>					\$	
<u> </u>				·		· · · · · · · · · · · · · · · · · · ·		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	r 325,00
	only this Page					. •	\bot C	OPY	323,00
	of ALL CRO-	-1210 Pages		. •	•		. #		-

		m Individuals dividual contributions	over \$5	P: 50 or contributions m			Amendment Yes	No
		(and Fund if applic		o or contributions (ider \$50 H form C	2. ID Nu		
	ttee To Elect John						HCQVC5	
3. Cont	ributor Informat	ion		Add □ Re	emove		 	
	me, Mailing Address	 		b. Job Title/Profession	·	d. Comme	nts	
	e city, state, & zip)	·		Retired Business				
	. Broyhill	-				_		
	th Hawthorne Ro			c. Employer's Name/S	pecific Field			
Winstor	n-Sale,m NC 2710	14						
		•				e. Election	Sum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		Check			10-16-2	2014	\$	1000.00
							\$	
							\$	
3. Conti	ibutor Informati	on	<u> </u>	Add Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession	<u> </u>	d. Commen	ats	
(include	city, state, & zip)	·		Retired				· · · · · ·
				- T 1 1 27 10			•	
				c. Employer's Name/Sj	pecific Field	-		
						e. Election	Sum to Date	
				-		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Ind Description	j. Date (mm/dd/yy)		k. Amount	
					9-		\$	
						-	\$	
							\$	
	ibutor Informatio			Add Rei	move			
	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comment	is	
(include	city, state, & zip)			r				
				c. Employer's Name/Sp	ecific Field			
				o, Employer 5 Hame Sp	ction Field			
						e. Election S	um to Date	
			İ	,		\$		
Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy		k. Amount	
	8				J. Date (Illibudayyy	<u> </u>	\$	-
			<u> </u>				\$	
							\$	
. Total	only this Page							0
	of ALL CRO-					- -	.UP.Y	1 1
		etailed Summary Page CE	(O-1100)		į	\$ 	710.0	e

Contributions from Political Party Committees

				Ame	rament		
g	<u>1</u>	of	1		Yes	\boxtimes	No

Use this form to report contributions from a political party

	ull Name (and Fund		2. ID Number							
Committee to E	lect John Davenport								HCQVC5	
3. Contributor 1	Information			Add		Re	move			
a. Full Name, Mailir	-						•	b. Co	mments	
Forsyth County P O Box 30160	e, & zip) Republican Women									
Winston-Salem,	NC 27130							c. Ele	ction Sum to Date	· • ·
					٨			\$	250	
d. Account Code	e. Form of Payment	f. In-Kind D	escription	1			g. Date (mm/dd/yyy	h. Amount		
	Check						9-29-2	014	\$ 250	
									\$	
									\$	
3. Contributor I				Add		Ren	move			
a. Full Name, Mailin	_					_		b. Cor	nments	
(include city, state	, & zip)				*					
,										
								s S	tion Sum to Date	· · ·
d. Account Code	e. Form of Payment	f. In-Kind De	scription				g. Date (mm/dd/yyy	<u> </u>	h. Amount	
							(11111111111111111111111111111111111111	<i></i>	\$	
			-						\$	
					, , , , ,		•-		\$	
3. Contributor In	formation			Add		Ren	nove		· · · · · · · · · · · · · · · · · · ·	
a. Full Name, Mailing								b. Com	ments	
(include city, state,	& zip)									
							ļ		Z S A D	
								c. Elect	tion Sum to Date	
d. Account Code	e. Form of Payment	f. In-Kind Des	scription				g. Date		h. Amount	
							(mm/dd/yyyy)	<u>,</u>	\$	
								.	\$	
									\$	-
4. Total only th	nis Page							\$ 1	25 1PV	+
	L CRO-1220 Page	es							~~III	1
	ı line 7 of Detailed Summa		00)					\$ L	250	-

g 1

of

☐ Yes 🏻

No

	o report contributions from o		referendum or PAC con	nmittees		
	Full Name (and Fund if app	licable)			2. ID Number	
Commutee 10	Elect John Davenport					
3. Contributor	Information	П	Add 🗍	Remove	<u> </u>	
a. Full Name, Mail	ling Address & Phone		b. Type of Committee		d. Comments	
(include city, sta			Candidate			
NC Realtors P.			Referendum			
4511nWeybrid	-		c. Level Registered (Spec	cify)]	
Greensboro, N	C 27407		Federal	County:		
	•		State	Municipality:	e. Election Sum to Date	<u> </u>
				•	\$ 500	
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. Date (mm/dd/yyyy)	j. Amount	
	Check			10-6-2014	\$ 500.	*
					\$	
			¥		\$	
3. Contributor	Information		Add 🔲 F	Remove		
a. Full Name, Maili	ng Address & Phone		b. Type of Committee		d. Comments	
(include city, stat	te, & zip)		Candidate	PAC	,	
			Referendum	· · · · · · · · · · · · · · · · · · ·		
			c. Level Registered (Spec			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy)	j. Amount	
-					\$	
					\$	
					\$	
. Contributor I			Add R	emove		
	g Address & Phone		b. Type of Committee		d. Comments	
(include city, state	e, & zip)		Candidate	PAC		
	,		Referendum			
	·	·	c. Level Registered (Special	County:		
			State	Municipality:	e. Election Sum to Date	
Account Code	g. Form of Payment	L I - 1/2-	(D	1.5	\$	
Trevenit Code	g. Form of Layment	JL III-KINI	Description	i. Date (mm/dd/yyyy)	j. Amount	
					\$	
					\$	
				1	ODV	
Total only this	Page			-	\$ 500	-
Total of ALL	CRO-1230 Pages				<u>l</u>	
	on line 8 of Detailed Summary Page	CDO 1100			\$ 500	

	lame (and Fund if applicable)			2. ID Num	ber
Committee To Elect	John Davenport				
3. Lender Information	on	Add		<u> </u>	Remove
a. Full Name, Mailing Add	dress & Phone	b. Job Title/Profess	sion		d. Comments
(include city, state, & zi			•	***************************************	
John M. Davenport, .	Jr.	7			
2441 Kingsgate DR					e. Start Date (mm/dd/yyyy)
Winston-Salem, NC	27101	c. Employer's Name			08-03-2014
		Candidate/perso	onal		
]	•		f. End Date (mm/dd/yyyy)
		-			Unspecified
g. Rate	h. Security Pledged	i. Account Code 🗻	j. Form of Pay	yment	k Amount
%			CHECK		\$ 10000.00
L Full Name of Lending In	stitution [m. Loar	n Number
					[Tuniber
- ~ ~	·				
4. Endorsers/Makers	1 1 1				
a. Full Name, Mailing Add		b. Job Title/Profe	ession	c. Emple	oyer's Name/Specific Field
(include city, state, & zip	<u>)) </u>				
		d. Percentage		- Amou	
		u. Fertenage		е. Атош	nt
			9,	% \$	
a. Full Name, Mailing Addr	ress & Phone	b. Job Title/Profe	ssion	c. Emple	oyer's Name/Specific Field
(include city, state, & zip					Her 2 Hanne of come 2 1000
		d. Percentage		e. Amour	at
		-	%	% \$	
a. Full Name, Mailing Addr	ess & Phone	b. Job Title/Profes	ssion	c. Emplo	oyer's Name/Specific Field
(include city, state, & zip)					Jon of the same of
		\exists			
			<u> </u>		·
		d. Percentage		e. Amoun	nt .
			%	6 \$	
. Full Name, Mailing Addre	ess & Phone	b. Job Title/Profes		c. Emplo	yer's Name/Specific Field
(include city, state, & zip)				to amagain.	let a transcriperine Fiera
		d. Percentage		e. Amoun	CODV
			%	ó \$	
- TOATT OI					
5. Total of ALL CI	•			\$	
(This line was to a set line)	9 of Detailed Summary Page CRO-1100\			1 -	

Loan Proceeds

Amendment

Yes

 \boxtimes

No

Loan Proceeds				Amendment
	ort proceeds from a loan ar	Pg Id loan endorser's inform	of	Yes 🛛 No
A loan proceeds state	ement must accompany eac	ch loan that is from an in	auon dividuol	
1. Committee Full N	ame (and Fund if applic	able)		. ID Number
Committee To Elect	John Davenport	ubicy		. 1D Number
3. Lender Informati	on	☐ Add		Remove
a. Full Name, Mailing Add	dress & Phone	b. Job Title/Profe	ession	d. Comments
(include city, state, & zi				a. Comments
John M. Davenport,	Jr.			
2441 Kingsgate DR				e. Start Date (mm/dd/yyyy)
Winston-Salem, NC	27101	c. Employer's Nar		08-08-2014
•		Candidate/per	sonal	
•				f. End Date (mm/dd/yyyy)
	T			Unspecified
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payme	nt k. Amount
<u>%</u>			Tele-transfe	\$ 10000.00
l. Full Name of Lending In	stitution			m. Loan Number
4. Endorsers/Makers	(The people who gua	grantee the loan)		
a. Full Name, Mailing Addi	, ,, ,, ,, , ,	b. Job Title/Pro	fession	a Provident N (C) 10 M
(include city, state, & zip		STORE TRICATED	ression	c. Employer's Name/Specific Field
		d. Percentage		e. Amount
			%	\$
. Full Name, Mailing Addr	ess & Phone	b. Job Title/Prof	ession	c. Employer's Name/Specific Field
(include city, state, & zip))			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			-	<u> </u>
		7.77		
		d. Percentage		e. Amount
	•		%	\$
Full Name, Mailing Addre	ess & Phone	b. Job Title/Profe	ession	c. Employer's Name/Specific Field
(include city, state, & zip)				
		4 D4		
		d. Percentage		e. Amount
			%	\$
Full Name, Mailing Addres	ss & Phone	b. Job Title/Profe	ssion	c. Employer's Name/Specific Field
(include city, state, & zip)				e. Employer S Name/Specific Fleig
		d. Percentage		e. Amount
			%	
Total of ATT CD	O 1410 P			
Total of ALL CR	.U-1410 Pages			\$

Amendment

Disbursen	nents			Pg	/ of	3 Amenoment Yes No
			ite	e for; operating expense	es, contributions t	
	d coordinated party e					·
	Full Name (and Fur					2. ID Number
	Elect John Davenpo					HCQVC5
3. Type of Dis				O-1310 forms for each		
Operating 4 Parses Inform		Contributions to Car		lates/Political Committees		coordinated Party Expenditures
4. Payee Infor			_	Add	Remove	T
	iling Address & Phone		 	3. Coordinated Committee p	lame	d. Comments
(include city, state Forsyth Famil			-	· ·		
6255 Town Ce		,	-	c. Level Registered (Specify)	··	\dashv
Clemmons, No			H	Federal Federal	County:	-
	02.012			State	Municipality:	e. Election Sum to Date
			广		***************************************	
<u> </u>						\$ 650.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A		8-21-2014	\$	Advertising
	CHECK	Α		0-21-2014	•	
	T		_		\$	
4. Payee Inform			_	Add 🔲	Remove	
-	ling Address & Phone		L	o. Coordinated Committee N	ame	d. Comments
(include city, state,	, & zip)					
Office Depot						_
1235 Silas Cre		•	C.	. Level Registered (Specify)		
Winston-Salen	ı, NC 27103		<u> </u>	Federal	County:	
			L	State	Municipality:	e. Election Sum to Date
						\$ 64.01
f. Account Code	g. Form of Payment	h. Purpose Code	Щ	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					<u> </u>	Paper
	Check	K		64.01	\$	Tapor
					1	
			_		\$	
4. Payee Inform	nation		A	Add	Remove	
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)			 -		
Kinko's		!	L			
Thruway Shopp		•	c.	Level Registered (Specify)]
Winston-Salem	ւ, NC 27103	•	Ļ	Federal	County:	
		ļ	L	State	Municipality:	e. Election Sum to Date
		1)			\$ 10.88
2 44 Codo	- T3 eTb	b Dumpage Code	—,			
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	K		9-9-2014	\$10.88	Cutting
	 	<u> </u>	\dashv			
		1			\$	
5. Total only th	is Page		1	 	٦ .	\$ 724.89
	CRO-1310 Pages				 : 	9 124.07
	line 13a of Detailed Sum	mary Page CRO-1100	if (Operating Expenses)		
			-	Contrib to Candidates/Politic	al Comm)	\$
			-	Coordinated Party Expenditu	,	~~~
	es (List detailed exp	enditure code in	(h.)) above)		TUPY
A* - Media	B* - Printing	C* - Fund	rai	ising	D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica K* - Offic				g Public Office Expenses
r - rosuigo	o - renames	IX - OHIO	CP	2XUCU3C3	U" - Donatio	a to Legar Expense Kuna

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

Disbursen	nants				2	Amendment S			
		es from the comm	itte	Pg e for; operating expense	of	Yes No			
committees an	d coordinated party	expenditures.	III	c tor, operaung expense	es, commondons	то сапанале/роннсаг			
	Full Name (and Fu					2. ID Number			
	Elect John Davenpo				,	HCQVC5			
3. Type of Dis		ase use separate	CR	O-1310 forms for each	type of Disbur				
Operating	Expenses		andic	dates/Political Committees		Coordinated Party Expenditures			
4. Payee Infor				Add	Remove				
	iling Address & Phone		Ľ	b. Coordinated Committee]	Vame	d. Comments			
(include city, state PostMark	;, & zip)		\dashv			·			
390 Cassell St	reet			c. Level Registered (Specify)	<u> </u>	·			
Winston-Saler			H	Federal Specing	County:	_			
	-, -, -, -, -, -, -, -, -, -, -, -, -, -		1	State	Municipality:	e. Election Sum to Date			
			۲	<u> </u>					
						\$ 2864.064			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	A		9-29-2014	\$	DirectMailSvs			
					\$				
4. Payee Inform	mation			\dd \	Remove	1			
	ing Address & Phone	<u>_</u>	~	. Coordinated Committee N		d. Comments			
(include city, state,	-					u. Comments			
Wooten Graph	ics		7			1			
172 Hinkle LN			C.	Level Registered (Specify)		\dashv			
Welcome, NC	27374			Federal	County:	_			
				State	Municipality:	e. Election Sum to Date			
						\$ 3540.00			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
···	Check	K		3540.00	\$	Yard signs			
					\$				
4. Payee Inforn	aation		A	.dd 🔲	Remove				
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee Na	ame	d. Comments			
(include city, state,				- · · · ·					
Camel City Pos			<u> </u>						
428 Newsome RD King, NC 27021				Level Registered (Specify)		_			
				Federal	County:				
			-	State	Municipality:	c. Election Sum to Date			
C 44 C 1		1. D	L,			\$ 576.45			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	K		10-03-2014	\$576.45				
				-	\$				
5. Total only thi	s Page			<u> </u>	J	\$ 6980.51 .49			
o. Total of ALL	CRO-1310 Pages					ψ 0700.31 , 47 9			
	ine 13a of Detailed Sumn	nary Page CRO-1100	if O	perating Expenses)					

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

C* - Fundraising

D - To Another Candidate

\$

A* - Media E - Salaries I - Postage

F* - Equipment

G - Political Party

H* - Holding Public-Office Expenses

O* - Other

J - Penalties K* - Office Expenses

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

Q* - Donation to Legal Expense Fund

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

Dispursements	Pσ		of	2		Yes	ia .	No
Use this form to report expenditures from the committee for; operating	expenses	, contribu	tions to	o candid	ىــــ date/poli	itical) KI	140
committees and coordinated party expenditures.	•							

1. Committee	Full Name (and Fu	nd if applicable)			2. ID Number	
Committee T	HCQVC5					
3. Type of Di		<u>ease use separate</u>	CRO-1310 forms for eac	ch type of Disburse	ement.)	
	g Expenses	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures	
4. Payee Info			Add	Remove		
	niling Address & Phone		b. Coordinated Committee	Name .	d. Comments	
(include city, stat			_			
_	Ralph Burroughs			· · · · · · · · · · · · · · · · · · ·		
163 Stratfird CT.#269 Winston-Salem, NC 27103			c. Level Registered (Specif	, , , , , , , , , , , , , , , , , , , 		
Williston-Baic	III, INC 27103		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
: 					\$ 300	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	0	10-16-2014	\$300	Remburse funds	
			10-10-2014	\$300	paid to yard	
				\$	sign installer	
4. Payee Infor	metion	<u> </u>				
	ling Address & Phone		Add - D. Coordinated Committee	Remove		
(include city, state	•		b. Coordinated Committee	Name	d. Comments	
Fairway Outdo			-			
1920 W Lee S			c. Level Registered (Specify	<u> </u>	-	
Greensboro, N	IC 27403		Federal T	County:	-	
			State	Municipality:	c. Election Sum to Date	
			- <u>-</u>		<u></u>	
					\$ 3460	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		A ·	10-06-2014	\$3460	Outdoor adv	
	<u> </u>	<u> </u>		45.100		
				\$		
4. Payee Inform	nation	لــــــــــــــــــــــــــــــــــــ	Add	Remove		
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	& zip)			THILE	u. Comments	
Cmte. to Elect	Joyce Kragieci		,			
NC Senate Campaign KRAWIEC			c. Level Registered (Specify)			
			Federal	County:	50.00	
			State	Municipality:	e. Election Sum to Date	
			~	· · · · · · · · · · · · · · · · · · ·	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	1.77.4	T-11		
		n. i ui pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	D	9-26-14	\$50.00		
				 		
. <u> </u>				\$		
5. Total only th				· ·	\$ 3810	
	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sumr	\$ 11515.38				
(1 ms une goes in	line 13b of Detailed Sum line 13c of Detailed Sum	11313.36				
. Purpose Code	es (List detailed exp	enditure code in (if Coordinated Party Expenditu	ıres)	CODY	
* - Media	B* - Printing	C* - Fundi		D - To Anothe	CULY	
- Salaries	F* - Equipment	G - Politica		r Canlidate Publi c Office Expenses		
- Postage J - Penalties K* - Office Expenses				Q* - Donation to Legal Expense Fund		
)* - Other * Codes require	detailed explanation	··· ··· ·	1 (2110)		-	