Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Infor	mation	·····					WI COUNTY	
a. Fuli Name	mation	•				<u></u>	<u>ni coustry</u>	c. ID Number
Committee to Elect	John D	avenport						HCQVC5
	•						2 11.13	
b. Mailing Address (inclu	ude City,	State and Zip Code)			~~ · · ·			d. Date Filed
2441 Kingsgate Dri Winston-Salem, NO						 		1-12-2015
								e. Phone Number
								336-293-3929
								330-293-3929
2. Report Year	3. Per	iod Start Date (mm/	dd/yy)	4. Period 1 (num/dd/yy)	End Da	te	5. Treasurer Full	Name
2014	•	10-19-2014		12-3	1-2014	••	Ralph Burroughs	
6. Type of Commit	tee (Ch	eck One)	9. Tv	pe of Report	(0	heck o	nly one type of report	t from one category)
Candidate Campa		Party	Munici				County	Referendum
PAC		Referendum		Organizational			Organizational	Organizational
Independent	с Г	Joint Fundraiser		- Thirty-five day			Ouarterly	Pre-referendum
Expenditure		John Tundusor					<b>C</b> ,	
Legal Expense Fu		licable, check one)	1	Pre-primary			First	Final
7. Type of Fund "Booster Fund"	(1) app	dicable, check onej		Pre-election			Second	Supplemental Final
Booster Fund Building Fund				Pre-runoff			Third	Annual
				Semi-annual		$\boxtimes$	Fourth	Special
				Mid Year			Semi-annual	
Other:				Year End			Mid Year	10. Special Report Name
_				Final			Year End	
8. Number of Fund	raisers	this Report		Special			Final	
							Special	
11. Account Inform	nation		1		11. A	count	Information	
a. Financial Institution F		e			••		titution Full Name	
							·····	· · · · · · · · · · · · ·
b. Purpose		c. Account Code			b. Purp	ose		c. Account Code
	•					•		
		d. Period Begin Balance	>					d. Period Begin Balance
		\$ 11014.62						\$ 2855.07
		<u> </u>						
CERTIFICATION								
I certify that the Cor	nmittee	or Fund is in comp	liance w	rith all applic	able pr	ovision	s of Article 22A, 22E	3, & 22D-22M of Chapter 163 of
the NC General Stat	utes an	d that no funds are c	omming	gled with pro	hibited	or oth	er non-disclosed fund	ls. I further certify that this report
is complete, true and		t and that I have bee	n traine	$\frac{1}{\sqrt{2}}$ by the NC	State B	oard o	Elections.	1-12-14
		<u>PH</u> BURR ed Name of Signer	OK61		<u>alp</u>		LINOCLIKS	Date
FOR OFFICE USE (		ed Name of Signer		7 3	gnature	л афрон		Date
	JILI							Delivery Method
Date Received:				Employee:				Normal Mail
Data Dagtogal	<i>d</i> .			Employee	,			Registered Mail
Date Postmarke	u.	<u></u>		Employee:				Hand Delivered
Date Scanned:				Employee:				Electronically Filed
Late Seamou.								Signer has not received
Date Data Enter	red:			Employee:				mandatory training
Diana Notes This	- fa	onnot he wood to com	and co-		mation	cuch e	s the committee addr	ess, treasurer, assistant treasurer,
Ficase Note: 1018	S TOLLE (						t information.	600, 110001101, 000101011 110001101,

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

Amendment

$\boxtimes$	No
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**Detailed Summary** Use this form to summarize all disclosure reporting forms and to total monetary information.

No

1. Committee Full Name (and Fund if applicable)		3. ID Number	
Committee To Elect John Davenport	4th Quarter		HCQVC5
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 11014.62	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1604.28	\$ 3314.28
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 250.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1294.28	\$ 1764.28
9) Loan Proceeds	(CRO-1410)	\$ 8000.00	\$ 28000.00
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 Organization	tions (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, 1	lc, 11d and 11e)	\$ 10898.56	\$ 33358.56
EXPENDITURES			
13) Disbursements	···· · · · · · · · · · · · · · · · · ·		
13a) Operating Expenditures	(CRO-1310)	\$ 15954.03	\$ 27349 41
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 3104.08	\$ 3154.08
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,	15, 16 and 17)	\$ 19058.11	\$ 30503.49
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 2855.07	\$ 2855.07
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	1. States and the second
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)	\$	\$

# **Contributions from Individuals**

smei	namei
	V.

·*	N

		m Individuals dividual contributions	s over \$:	Pg 50 or contributions un			Amendmen Yes 5 not used	-
		(and Fund if applic		· · ·	· · ·	2. ID Ni		
Commit	tee to Elect John I	Davenport					HCQVC5	
3. Conti	ributor Informati	ion	· 🔲	Add 🗌 Rea	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	e city, state, & zip)			_			·	
	3. Anthony					_		
	sebriar Lane -Salem, NC 2710	6		c. Employer's Name/Sp	ecific Field	-		
** 113(011	-Datoni, NC 2710	0				e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-1	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		Check			10-10	-14	\$	100.00
						·	\$	
							\$	<b>.</b>
3. Contr	ibutor Informati	on		Add 🗌 Rer	nove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comme	nts	1
	city, state, & zip)			Retired Homemake	er			
Peggy T.	Haigler rtwell Circle			T	10 21 11	4		
	-Salem, NC 27106	5		c. Employer's Name/Sp	ecific Field	-		
						e. Election	Sum to Date	e
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	R. Amount	
		Check			10-22-2	014	\$	10.00
							\$	
							\$	
3. Contri	ibutor Informatic	)n		Add 🗌 Ren	love			
	e, Mailing Address &	r Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip) person, Jr.	···		Management				
_	egate Lane			c. Employer's Name/Spe	aifia Wold			
	Salem, NC 27104			Truth Broadcasting				
	·			Winston-Salem, NO		e. Election	Sum to Date	
				•		\$		•
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	 7y)	k. Amount	
		Check			10-20-20	014	\$	100.00
				<u> </u>			\$	
				······································	· ·		\$	
4. Total	only this Page	e			·	\$	210	00
5. Total	of ALL CRO-	-1210 Pages				\$	<u> </u>	
(This line	must be on line 6 of L	Detailed Summary Page C.	RO-1100)			Φ		

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# **Contributions from Individuals**

of	

Amendment

		m Individuals fividual contributions	over \$5		Pg		<u>)</u> PO 1205 (	Amendment <u> </u>	No No
		(and Fund if applic			115 0110		2. ID N		
	tee to Elect John I						2. 10 1	HCQVC5	
3 Cont	ributor Informati	on		Add 🗌	Ret	nove		· · · · · · · · · · · ·	
	me, Mailing Address			b. Job Title/Pro			d. Comm	onte	
	e city, state, & zip)	a i none		Associate pa			u. contan		
Robert L				Tissoeiate pa	5101				
	aterford Village D	rive		c. Employer's N	ame/Sp	ecific Field	-		
	ons, NC 27012			Agape Faith			-		
	,			Clemmons,			e. Electio	n Sum to Date	
							\$	1294.28	
f. Prior	g. Account Code	h. Form of Payment	i, In-H	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	· · ·
		Check				11-18-	-14	\$	466.74
		Check	_			10-20-2	2014	\$	827.54
		-						\$	
3. Contr	ibutor Informati	on		Add 📋	Ren	nove			
a. Full Nar	ne, Mailing Address d	& Phone		b. Job Title/Prat	ession		d. Comm	ents	
	city, state, & zip)			Real Estate E	roker				
	d D. Collins								
-	atham Hill Road			c. Employer's Na					
Winston	-Salem, NC 27104	1		Collins Commercial Real Estate					
				Winston-Sale	em, NO	2	e. Election	n Sum to Date	
	······	T					\$	<b>COP</b> Y	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy	(y)	k. Amouni	4
		Check				10-19-2	014	\$	100.00
		1	_					\$	
				<u> </u>				\$	
	ibutor Informatio			Add 🗌	Rem	love			
	ie, Mailing Address &	z Phone		b. Job Title/Profe	ession		d. Comme	ents	
(include	city, state, & zip)								
				c. Employer's Na	me/Spe	cific Field			
							- 71	<u> </u>	
								a Sum to Date	
6 D-1			1	*			\$		
f. Prior	g. Account Code	h. Form of Payment	L In-K	ind Description		j. Date (mm/dd/yyy	y)	k. Amount	
		Check						\$	
								\$	
								\$	
	only this Page		<u> </u>				\$	1394.; 1604.	2.8
	of ALL CRO	0				- TI	\$	11. n.L	18
(This line	must be on line 6 of I	Detailed Summarv Page C	RO-1100)			i		IOUT.	VV

# **Contributions from Other Political Committees**

Pg <u>1</u>

of

1

Amendment Yes

No

,

Use this form to report contributions from other candidate, referendum or PAC committees

	ull Name (and Fund if applicat	ble)	· · · · · · · · · · · · · · · · · · ·			2. II	) Number
Committee to E	lect John Davenport						HCQVC5
3. Contributor	Information		Add []	Re	move		
a. Full Name, Mailin	-		b. Type of Commi	ttee		d. Co	mments
(include city, state			Candid	ate	PAC	Con	tribution
	nson School Board Cmte		Referen		······································	_	
2680 Arbor Plac			c. Level Registered			4	
Winston-Salem,	NC 27104		Federal	L	County:		
			State		Municipality:	e. Ele	ction Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyyy	·)	j. Amount
	Check				10-21-2014	4	\$ 466.74
	Check		*	-	11-18-2914	4	\$ 827.54
							\$
3. Contributor I			Add 🗌	Rer	nove		· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mailin	-		b. Type of Commit	tee		d. Cor	nments
(include city, state	, & zip)		Candida		PAC		-
			Referen			-	
		1		Level Registered (Specify)		-	
			Federal		County:		
					Municipality:	e. Elec	tion Sum to Date
						UU	PY
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyyy)		j. Anount
							\$
· ·					·		\$
							\$
3. Contributor In			Add 🔲	Ren	love		
a. Full Name, Mailing	-		b. Type of Committ	ee	· · · · · · · · · · · · · · · · · · ·	d. Con	uments
(include city, state,	& zip)		Çandida		PAC		
			Reference				
			c. Level Registered	(Specny)	County:		
			State		Municipality:	e Elecí	tion Sum to Date
		·			<u> </u>	\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description	·	i. Date (mm/dd/yyyy)		j. Amount
							\$
							\$
							\$
i. Total only this	Page					\$	1294.28
5. Total of ALL C	CRO-1230 Pages		· · ·			\$	1294.28
(This line must be or	n line 8 of Detailed Summary Page CR(	)-1100)				φ	1.277.20

Loan Proceed	S.	_		A	mendment
	ort proceeds from a loan a	Pg ad loan endorser's inform	of	L	Yes No
A loan proceeds state	ement must accompany ea	ch loan that is from an it	auon Mividual		
1. Committee Full N	ame (and Fund if applic	ahla)		2 TD N	
Committee To Elect	John Davennort	abic)		2. ID Numbe	
	John Duvonport		[		HCQVC5
3. Lender Informati		Add			
a. Full Name, Mailing Ad			<u> </u>		Remove
(include city, state, & z		b. Job Title/Prof			t. Comments
John Davenport	<u>w)</u>	Owner/Presid	lent		
2441 Kingsgate Driv	7e				
Winston-Salem, NC		a Plana in the N	(c) (c) (c)		e. Start Date (mm/dd/yyyy)
	2.1.01	Davenport	me/Specific Field		11-03-2014
		Winston-Sale	m NC	L.	
		THOUL-DAIC	,		. End Date (mm/dd/yyyy)
			-		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paym	ient i	Amount
0 %	None				
V %			ETransfer	\$	8000.00
I. Full Name of Lending In	stitution		_1	m. Loan Nu	
4. Endorsers/Makers	(The people who gue	arantee the loan.)			· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mailing Add	and the second se	b. Job Title/Pro		e Employ	's Name/Specific Field
(include city, state, & zij				c. Employer	's ivame/specific Field
		d. Percentage		e. Amount	
					PAPV+
			%	\$	
. Full Name, Mailing Add	ress & Phone	b. Job Title/Pro	fession	. Employer	's Name/Specific Field
(include city, state, & zip				t. Employer	s ivanie/specific Field
		d. Percentage	* .	e. Amount	
			%	\$	
Full Name, Mailing Addr	ess & Phone	b. Job Title/Proj	fession	c. Employer	s Name/Specific Field
(include city, state, & zip)					- round specific riciu
		<b>—</b> ——-{		}	
				1	
		d. Percentage		e. Amount	
·····			%	\$	
Full Name, Mailing Addre	ss & Phone	b. Job Title/Prof	ession	c. Employer's	Name/Specific Field
(include city, state, & zip)	······································		. <u></u>		
		d. Percentage		e. Amount	·
			%	\$	
Total of ALL CF	O-1410 Pages	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	•	0.4444		\$ 800	00.00
1 mis une must de on line 9	of Detailed Summary Page CR	U-1100)	÷		

Amendment Yes

No

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

The second se	coordinated party e								
	Full Name (and Fur							2. ID Number	_
	Elect John Davenpor							HCQVC5	
3. Type of Disl				<u>D-1310 forms for ea</u>	ich :				·
Operating I		Contributions to Car		tes/Political Committees			Coordinat	ed Party Expenditures	
4. Payee Inform	mation			dd [		Remove			
a. Full Name, Mail	ing Address & Phone		<u>b.</u>	Coordinated Committe	ee Na	ame	d. C	omments	
(include city, state,	, & zip)								
PostMark	_			*			_		
390 Cassell ST			с.	Level Registered (Spec			_		
Winston-Salen	n, NC 27105				×	County:	- I		
				State		Municipality:	e. El	ection Sum to Date	
							\$		
			<u> </u>			1			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		equired Remarks	
	check	Α		10-20-2014		\$1781.50	Ma	il Services	
						\$			v
4. Payee Inform	nation		A	dd [		Remove	l	· · · · · · · · · · · · · · · · · · ·	
a. Full Name, Mail	ing Address & Phone		b.	<b>Coordinated Committe</b>	e Na	me	d. C	omments	
(include city, state,	& zip)								
The Chronicle									
Winston-Salem	n, NC 27101		c.	Level Registered (Speci					
				Federal	$\leq$	County:			
				State		Municipality:	e. El	ection Sum to Date	
							\$	975.00	
f. Account Code	g. Form of Payment	h. Purpose Code	- 1	i. Date (mm/dd/yyyy)		j. Amount	k. K	nire. Romrks	
						· · · · · · · · · · · · · · · · · · ·		retising	
	Check	A		10-20-2014		\$975.00			
						\$			~
4. Payee Inform	nation		A	dd [		Remove			
a. Full Name, Maili	ing Address & Phone		b	Coordinated Committe	e Na	me	d. C	mments	
(include city, state,	& zip)								_
Harland Clarke			1						
WellsFargo			c. ]	Level Registered (Speci	ify)		1		
Winston-Salem	, NC 27101			Federal	3	County:	-1		
		1		State		Municipality:	e. El	ection Sum to Date	
							e	24.47	
			<u> </u>				\$	34.47	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks	
	AutoAithdraw	к		10-21-2014		\$34.47	Che	ck Printing	
		ĸ		10-21-2014		\$34.47			
						\$	-		~
5. Total only th	is Page	L	<u>I</u>			<b>I</b>	\$	2790,97	
	CRO-1310 Pages						-	-, ,	
	line 13a of Detailed Sum	mary Page CRO-1100	0 if O	perating Expenses)	-	· .	6	0.300-05-	
-	line 13b of Detailed Sum			·	litica	al Comm)	\$		
	line 13c of Detailed Sum					•		V	
7. Purpose Code	es (List detailed ex	penditure code in	(h.)	above) +					
A* - Media	B* - Printing	C* - Fund	drais	sing		D - To Anot			
E - Salaries	F* - Equipment							c Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offic	ce E	xpenses		Q* - Donati	on to L	egal Expense Fund	
	e detailed exnlanati	ion in required r	ema	rks field (k)					

of

Amendment Yes

No

 $\boxtimes$ 

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

1. Committee H	full Name (and Fun	d if applicable)						2. ID Number			
Committee to Elect John Davenport HCQVC5											
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
Operating E				ates/Political Committees				Party Expenditures			
4. Payee Inform	nation		A	Add		Remove					
	ng Address & Phone		Ь	. Coordinated Committe	e Na	me	d. Co	mments			
(include city, state,								· · · · ·			
Kernersville Ne			1								
West Mountain	Street		C.	. Level Registered (Speci	ify)						
Kernersville, N	Ċ				X	County:					
,			ÌĒ	State		Municipality:	e. Ele	ction Sum to Date			
			<u> </u>				æ				
							\$				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Ree	puired Remarks			
			_	10.01.0014		¢400.00	Adve	ertisingSpac			
	check	A		10-21-2014		\$429.00		0.			
						¢.					
						\$					
4. Payee Inform	nation		A	Add [	]	Remove		· ·			
	ng Address & Phone		Ь	. Coordinated Committe	e Na	me	d. Co	nments			
(include city, state,	-							· · ·			
Nathan Baskett											
Winston-Salem	NC		c.	. Level Registered (Speci	fy)						
			Г	Federal D		County:					
			١Ē	State	7	Municipality:	e. Ele	ction Sum to Date			
			╞╴				~ <b>_</b>				
			ľ				\$.2				
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)		j. Amount	k. Re	uize, Romarks			
	,					-*	Face	BookAd			
	Check	A		10-30-2014		\$74.80					
····						ф.					
						\$					
4. Payee Inform	ation		A	dd [	]	Remove					
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee	e Nar	ne	d. Cor	nments			
(include city, state, o											
Ray Stewart											
Winston-Salem	NC		c.	c. Level Registered (Specify)							
			Federal County:								
			Ē	State	1	Municipality:	e. Elec	tion Sum to Date			
					_						
							\$				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Req	uired Remarks			
	Ohaah	0		10.01.0014		#22C 00	Poll				
	Check	0		10-31-2014		\$336.00					
					-	<b>A</b>					
			[			\$					
5. Total only thi	s Page	•••••				()	\$ /	839.80			
	CRO-1310 Pages							<u> </u>			
(This line goes in l	ine 13a of Detailed Sum	mary Page CRO-1100	if (	Operating Expenses)			~				
				Contrib to Candidates/Pol			\$				
(This line goes in l	ine 13c of Detailed Sum	mary Page CRO-1100	if (	Coordinated Party Expen	ditur	es)					
7. Purpose Code	s (List detailed exp	penditure code in (	( <b>h</b> .)	) above)							
A* - Media	B* - Printing	C* - Fund				D - To Another					
E - Salaries	F* - Equipment	G - Politic						Office Expenses			
I - Postage	J - Penalties	K* - Offic	еE	Expenses		Q* - Donation	to Le	gal Expense Fund			
O* - Other * Codes require	detailed explanati	on in required re	m	arks field (k)							

Amendment Yes

No

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Pg of 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 Fur	d if applicable)					2. ID Number	
and the second se	Elect John Davenpor						HCQVC5	
3. Type of Dis	bursement (Plea	ase use separate (	CR	0-1310 forms for each	type of Disburser	<u>nent.)</u>		
Operating		Contributions to Car	ndid	ates/Political Committees	Co	ordinate	l Party Expenditures	
4. Payee Infor	mation			Add	Remove			<b></b>
a. Full Name, Mai	ling Address & Phone		Ь	. Coordinated Committee N	ame	d. Co	mments	
(include city, state	, & zip)		_					
1 · ·	or Advertising			,		-		
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Greensboro, N	С			Federal	County:			
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Clemmons, NC	·		C.	Level Registered (Specify)				
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			┝┶	State	Municipality:	e. Elec	tion Sum to Date	
						\$ 1	35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	]	i. Date (mm/dd/yyyy)	j. Amount		uired Remarks	
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			-	Contrib to Candidates/Politica	al Comm)	\$		
		-	-	Coordinated Party Expenditor				
	es (List detailed exp							
A* - Media	B* - Printing	C* - Fund			D - To Anothe			
E - Salaries I - Postage	<b>F* - Equipment</b> J - Penalties	G - Politic					Office Expenses	
O* - Other	J - FERALLES	K* - Offic	.c E	vhenses	Q~ - Donation	1 10 Leş	gal Expense Fund	

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	of	12

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Amendment Yes

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

1. Committee I	Full Name (and Fun	d if applicable)			•			2. ID Number
	Elect John Davenpor							HCQVC5
3. Type of Disb	ursement (Ple	nse use separate (	CRO-1	310 forms for	each 1	type of Disburse	ment.)	
Operating E		Contributions to Can						1 Party Expenditures
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Ray Stewart			7					
Winston-Salem	n, NC		c. Le	vel Registered (S	ecify)			
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				State		Municipality:	e. Ele	ction Sum to Date
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	CINCK	<u> </u>		10-20-2014		\$140.00		
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A Dense Trêsse					<u></u>	 	<u> </u>	
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	ine 13c of Detailed Sum					•		
	s (List detailed exp		-				<u>.</u>	
A* - Media	B* - Printing	C* - Fund	Iraisin	g		D - To Anoth	er Candi	date
E - Salaries	F* - Equipment	G - Politic						Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Exp	enses		Q* - Donatio	n to Le	gal Expense Fund
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Amendment Yes

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Pg 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 Fu			· · · · · · · · · · · · · · · · · · ·				2. ID Number	
Committee to	Elect John Davenpo	rtRa						HCQVC5	
3. Type of Dis	bursement <u>(Ple</u>	ase use separate	CR	O-1310 forms for each	type of .	Disburser	nent.)		
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Ray Stewart									
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E - Salaries I - Postage	F* - Equipment J - Penalties		al I	Party	<b>H</b> *	- Holding	Public	date Office Expenses gal Expense Fund	1
O* - Other * Codes requir	e detailed explanati	ion in required r	em	arks field (k) 🕒					

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Amendment Yes

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	Elect John Davenpor							HCQVC	5
3. Type of Dis				0-1310 forms for ea					
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A* - Media	B* - Printing	C* - Fund				D - To Anothe	er Cand	idate	I
E - Salaries	F* - Equipment	<b>G</b> - Politic						Office Expenses	
I - Postage	J - Penalties	K* - Offic						gal Expense Fund	
O* - Other				-			-1		
* Codes require	e detailed explanati	on in required re	ema	rks field (k)				1	

Amendment

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No

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

1. Committee	e Full Name (and Fu	nd if applicable)				
Committee to	Elect John Davenpo	nt applicable)				2. ID Number
3. Type of Di			000 1010 C C	<u> </u>		HCQVC5
	g Expenses		CRO-1310 forms fo			
		Contributions to Ca	indidates/Political Commi	tees		Coordinated Party Expenditures
4. Payee Info			Add		Remove	
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Ray Stewart						
Winston-Sale	em, NC		c. Level Registered (	Specify)		
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Ray Stewart	-, α 23μ)		-			
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		Č	11-05-2014		\$20.00	
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This une goes in .	line 13c of Detailed Summ	nary Page CRO-1100	if Coordinated Party Exp	enditure	25)	1
. rurpose Code	es (List detailed exp					
A* - Media 2 - Salaries	B* - Printing	C* - Fund			D - To Anoth	
- Postage	F* - Equipment J - Penalties	G - Politica			H* - Holding	Public Office Expenses
<b>•</b> • • • • • • • • • • • • • • • • • •	J - renatues	K* - Offic	e Expenses		Q* - Donatio	n to Legal Expense Fund
	e detailed explanation	n in required -	marks field (1-)			
			MALEAN DEAL IKI			

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	Pg	<u> 10</u>	of	
penditures from the committee for; operati	ng expenses.	, contrib	utions to cand	didat
	- <u> </u>			

Amendment Yes

No

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Use this form t	to report expenditure d coordinated party of	s from the commi	ttee f	for; operating expe	nse	s, contributions	to candi	date/political	110
	Full Name (and Fu							2. ID Number	
	Elect John Davenpo				<u>.</u>	····•		HCQVC5	
3. Type of Dis	^		CRO	-1310 forms for e	ach	type of Dishurs	ement.)	1 1000100	
Operating				es/Political Committees				d Party Expenditures	
4. Payee Infor	mation		A	dd		Remove			
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(include city, state	-								
Ray Stewart		· · · · · · · · · ·	1						
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f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks	
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						\$			
4. Payee Inform	mation		Ad	ld f		Remove			V
	ing Address & Phone		T	Coordinated Committe	ee Na		d. Co	inments	
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Winstonn-Sale	m, NC		c. L	evel Registered (Spec	ify)		-		
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f. Account Code	g. Form of Payment	h. Purpose Code	i	i. Date (mm/dd/yyyy)	_	j. Amount		cirea Ramarks	
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4. Payee Inform	nation		Ad	d [		Remove			'`
a. Full Name, Maili	ng Address & Phone		ь. с	Coordinated Committe	e Na	me	d. Cor	nments	
(include city, state,								-,	
Robert Dobson,									
Winston-Salem	, NCt		c. L	evel Registered (Speci					
				Federal 🛛	3	County:			
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O* - Other	o - i charnes	w Ouice	стхі	heft262		Q <sup>-</sup> - Donatio	on to Leg	al Expense Fund	

Amendment Yes

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No

**Disbursements** Pg <u>9</u> of <u>12</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

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	a coordinated party e				
	Full Name (and Fu				2. ID Number
	Elect John Davenpor	rt			HCQVC5
3. Type of Dis	bursement <u>(Ple</u>	<u>ase use separate (</u>	CRO-1310 forms for each	type of Disburse	ment.)
Operating	Expenses	Contributions to Ca	ndidates/Political Committees		pordinated Party Expenditures
4. Payee Infor	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state	e, & zip)				
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360 Cassell ST	Г		c. Level Registered (Specify)		-
Winston-Saler	n, NC 27101		Federal X	County:	-
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			if Coordinated Party Expenditur	res)	
	es (List detailed exp			`	
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E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donation	a to Legal Expense Fund
	e detailed explanatio	on in required w	marks field (1-)		
		···· ··· · ··· · ·····················			

Amendment

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No

 $\boxtimes$ 

**Disbursements** <u>10</u> Pg of <u>12</u> Yes Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated narty expenditure

1. Committee to Elect John Davenport       2. ID Number         2. Type of Disbursement.       HCQV         3. Type of Disbursement.       Please use separate CRO-1310 forms for each type of Disbursement.)         Qoperating Expenses       Contributions to Candidates/Political Committees       Coordinated Party Expenditures         4. Payce Information       Add       Remove       a. Committee Values and the provided states of the provided states and the provided sta	C5
3. Type of Disbursement       Please use separate CRO-1310 forms for each type of Disbursement.)         Operating Expenses       Contributions to Candidates/Polifical Committees       Coordinated Party Expenditures         4. Payce Information       Add       Remove         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments         PostMark       b. Coordinated Committee Name       d. Comments         PostMark       c. Level Registered (Specify)       e. Election Sum to Date         Winston-Salem, NC 27101       State       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         Ministon-Salem, NC 27101       \$       \$       S       S       S         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         DirectMailSvcs       \$       S       S       S       S         4. Payce Information       Add       Remove       Accountee (systered (Specify)       DirectMailSvcs         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments       PolI Work         Ray Stewart       S <td< td=""><td></td></td<>	
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include city, state, & zip)	
NCGOP	
Hillsborough ST c. Level Registered (Specify)	
Raleigh, NC Federal County:	
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(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	/
Purpose Codes (List detailed expenditure code in (h.) above)	/
* - Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* Holding Public Office Former	/
	/
Determine The Holding Public Office Expenses	/
- Salaries       F* - Equipment       G - Political Party       H* - Holding Public Office Expenses         - Postage       J - Penalties       K* - Office Expenses       Q* - Donation to Legal Expense Fund         * - Other       - Other       - Donation to Legal Expense Fund	/

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1,000	1)	01	

Amendment Yes

No

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

	i coordinateu party c				
	Full Name (and Fu				2. ID Number
Committee to	Elect John Davenpor				HCQVC5
3. Type of Dis	bursement <u>(Ple</u>	ase use separate (	CRO-1310 forms for eac	h type of Disburse	<u>ment.)</u>
Operating 1	Expenses	Contributions to Car	ndidates/Political Committees	C C	pordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mail	ling Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated Committee		d. Comments
(include city, state			· · · · · · · · · · · · · · · · · · ·		
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Winston-Salen	n NC		c. Level Registered (Specif	v)	-
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<u>Sn</u>	I				
4. Payee Inform		<u>L</u>	Add	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,			-		
Metcalf for Rea	election				
P O Box 5964			c. Level Registered (Specify	r)	
Winston-Salen	1, NC 27113		Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
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(include city, state,	-				
Pamela Lofland					
			c. Level Registered (Specify)		-
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				\$	
5 Total and a de	So Do mo			]	
5. Total only the			·····		\$ 2458.96 2304,88
6. Total of ALL					
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(1 mis line goes in line 15b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - MediaB* - PrintingC* - FundraisingD - To Another CandidateE - SalariesF* - EquipmentG - Political PartyH* - Holding Public Office Expenses					
			· · · · · · · · · · · · · · · · · · ·		
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					
	e detailed explanati	on in required re	marks field (k)		

Amendment  $\boxtimes$ Yes

No

Disbursements Pg <u>12</u> of <u>12</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

	coordinated party e							
	Full Name (and Fun							2. ID Number
Committee to E	Elect John Davenpor	t						HCQVC5
3. Type of Disb	ursement <u>(Plea</u>			O-1310 forms for each	<u>h t</u>	<u>vpe of Disbursen</u>	ient.	
Operating E	xpenses	Contributions to Car	ndie	dates/Political Committees		Coc	ordinat	ed Party Expenditures
4. Payee Inform	nation			Add 🗌		Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinated Committee	Na	me	d. C	omments
(include city, state,	& zip)		Г					
Wells-Fargo		• • • • • • • • • • • • • • • • • • •						
Winston-Salem	, NC			c. Level Registered (Specify	)			
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				State		Municipality:	e. E	lection Sum to Date
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						\$		
4. Payee Inform	nation			Add 🗌		Remove		· · · · · · · · · · · · · · · · · · ·
	ng Address & Phone		Ţì	b. Coordinated Committee	Nai	me	d. C	omments
(include city, state,	& zip)							
Dawn Simpson								
c/o Pamela Lof				c. Level Registered (Specify	)			
Lake Cottage R	oad		Π	Federal 🛛		County:		
Clemmons, NC				State		Municipality:	e.E	ection Sum to Date
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						\$ .	k	
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4. Payee Inform	nation		1	Add		Remove		· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mailin	ng Address & Phone		l	. Coordinated Committee 1	Nar	me	d. C	omments
(include city, state, a	& zip)							
Martha Gochenour								
c/o Pamela Lofland		C	c. Level Registered (Specify)					
Lake Cottage Road			Federal 🛛		County:			
Clemmons, NC 27012			State		Municipality:	e. El	ection Sum to Date	
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f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k.R	equired Remarks
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5. Total only this Page							\$	1371.65
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(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						11 /	15,954.03	
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - MediaB* - PrintingC* - FundraisingD - To Another CandidateE - SalariesF* - EquipmentG - Political PartyH* - Holding Public Office Expense								
I - Postage J - Penalties K* - Office Expen								
O* - Other				······				
* Codes require	iterelaya balietab e	ion in required r	<b>'01</b>	arks field (k)				

Amendment Yes

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No

**Disbursements** 4 ine 13bUse this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Nome (and Ful					
1. Committee Full Name (and Fund if applicable)           Committee to Elect John Davenport					2. ID Number	
3. Type of Dis		HCQVC5				
Operating			CRO-1310 forms for each andidates/Political Committees			
					oordinated Party Expenditures	
4. Payee Infor		<u> </u>	Add 🗌	Remove		
	ling Address & Phone		b. Coordinated Committee I	Name	d. Comments	
(include city, state	, & zip)		-			
NCGOP					-	
Hillsboro Street			c. Level Registered (Specify)		4	
Raleigh, NC			Federal X	County:		
				Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	h Departured Departure	
Account Code		In a dapose coue	L Date (mm/dd/yyyy)	J. Amount	k. Required Remarks Contribution	
	Check	G	10-28-2014	\$2500.00	Controlation	
		·				
				\$		
4. Payee Inform	nation	·/	Add	Remove	· · · · · · · · · · · · · · · · · · ·	
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	-		b. Coordinated Committee 1		Contributi	
NCGOP					Condibili	
Hillsboro Stree	f		c. Level Registered (Specify)		-	
Raleigh, NC	•		Federal	County:	-	
			State	Municipality:	e. Election Sum to Date	
				manopanty.	C. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Remipea Romerks	
					Contribution	
	Check	G	11-17-2014	\$450.00		
				\$	· · · · ·	
4. Payee Inform	nation		Add 🗌	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,				······································		
Metcalf for Ree	lection					
P O Box 5964			c. Level Registered (Specify)			
Winston-Salem, NC 27113			Federal 🛛	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
					φ	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	G	12-04-2014 -	\$154.08	Contribution	
			12 01 2011	ψ154.00		
				\$		
5. Total only thi					\$ 3104.08	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 3104.08	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate						
A* - MediaB* - PrintingC* - FundraE - SalariesF* - EquipmentG - Political				D - To Anothe		
			æ Expenses	O* - Donation	Public Office Expenses a to Legal Expense Fund	
O* - Other						
* Codes require	detailed explanation	on in required re	emarks field (k)		1	