

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

| | |
|--|------------------------|
| 1. Committee Information | |
| a. Full Name | c. ID Number |
| DENISE HINES FOR CLERK COMMITTEE | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 301 N MAIN ST, STE 805 WINSTON-SALEM, NC 27101 | 01/04/2021 |
| | e. Phone Number |
| | |

| | | | |
|-----------------------|--|--------------------------------------|-------------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2020 | 02/16/2020 | 06/30/2020 | AMY DENISE HINES |

| | | | | |
|---|---|--|---|---|
| 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"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <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 | | |
| 0 | | | | |

| | | | |
|---|--------------------------------|---|--------------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| WELLS FARGO | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CHECKING ACCOUNT FOR COMMITTEE | D4C2020 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 2,479.11 | | \$ |

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

Denise Hines Denise Hines 01/04/2021
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---|
| Date Received: _____ | Employee: _____ | Delivery Method <input 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 |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |
| Date Data Entered: _____ | Employee: _____ | |

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 | |
| DENISE HINES FOR CLERK COMMITTEE | | 2020 Second Quarter | | | |
| Start of Election Cycle: January 1, 2019 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 2,479.11 | | \$ 0.00 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 60.00 | | \$ 1,805.80 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 205.03 | | \$ 6,059.70 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0.00 | | \$ 0.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0.00 | | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | | \$ 0.00 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0.00 | | \$ 0.00 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0.00 | | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 265.03 | | \$ 7,865.50 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 1,972.06 | | \$ 6,315.23 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 71.55 | | \$ 255.07 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0.00 | | \$ 0.00 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0.00 | | \$ 594.67 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2,043.61 | | \$ 7,164.97 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 700.53 | | \$ 700.53 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0.00 | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 0.00 | | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0.00 | | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0.00 | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0.00 | | | |
| 25) Administrative Support (CRO-1710) | | \$ 0.00 | | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | | \$ 0.00 | | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0.00 | | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0.00 | | \$ 0.00 | |

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

| | | | | | |
|--|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input checked="" type="checkbox"/> Add | D4C2020 | Electric Funds Tran | | 04/01/2020 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input checked="" type="checkbox"/> Add | D4C2020 | Electric Funds Tran | | 02/21/2020 | \$ 10.00 |
| <input type="checkbox"/> Remove | | | | | |
| 4. Total only this Page | | | | \$ | \$60.00 |
| 5. Total of ALL CRO-1205 Pages | | | | \$ | \$60.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 1

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 | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | | |
| 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 | |
| DMITRI COLBERT 7630 TURLEY RIDGE LN CHARLOTTE, NC 28273 | | | SALES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SPECTRUM | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 55.03 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input checked="" type="checkbox"/> | D4C2020 | Electric Funds Tran | | 03/07/2020 | \$ 20.00 | |
| <input checked="" type="checkbox"/> | D4C2020 | Electric Funds Tran | | 04/07/2020 | \$ 16.76 | |
| <input checked="" type="checkbox"/> | D4C2020 | Electric Funds Tran | | 05/07/2020 | \$ 18.27 | |
| 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 | |
| JAMAL DONALDSON BRIGGS 4215 NAPA OAKS DR 207 CHARLOTTE, NC 28216 | | | PROJECT MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BANK OF AMERICA | | | |
| | | | | | 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 checked="" type="checkbox"/> | D4C2020 | Electric Funds Tran | | 02/01/2020 | \$ 50.00 | |
| <input checked="" type="checkbox"/> | D4C2020 | Electric Funds Tran | | 03/01/2020 | \$ 50.00 | |
| <input checked="" 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 | |
| PC NOBLE 1239 SW JACQUELINE AVE PORT ST LUCIE, FL 34953 | | | PILOT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | UNITED AIRLINES | | | |
| | | | | | 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 checked="" type="checkbox"/> | D4C2020 | Electric Funds Tran | | 03/03/2020 | \$ 100.00 | |
| <input checked="" type="checkbox"/> | | | | | \$ | |
| <input checked="" type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 205.03 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100) | | | | | \$ 205.03 | |

Disbursements

Pg 1 of 4

Amendment
☐ Yes ☒ No

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 | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 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 |
| CANVA PTY LTD PO BOX 1330 STRAWBERRY HILLS NSW | | | | 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 |
| | | | | | | \$ 25.90 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| D4C2020 | Electric Funds Tran | A | 02/25/2020 | \$ 12.95 | CANVA PRO MARKETING | |
| | | | | \$ | | |
| 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 |
| JOHNATHAN EDWARDS 2190 E 10TH STREET WINSTON-SALEM, NC 27101 | | | | 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 |
| | | | | | | \$ 80.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| D4C2020 | Cash | O | 02/19/2020 | \$ 80.00 | MEAL POLL VOLUNTEER | |
| | | | | \$ | | |
| 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 |
| HOTCARDS 2400 SUPERIOR AVE EAST CLEVELAND, OH 44114 | | | | 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 |
| | | | | | | \$ 1,680.54 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| D4C2020 | Debit Card | B | 02/18/2020 | \$ 579.11 | PALM CARDS | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 672.06 | |
| 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) | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | \$ 1,972.06 | |
| 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

Pg 2 of 4

Amendment
☐ Yes ☒ No

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 | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 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 | |
| EMILY NELSON 3510 WIMBERLY LANE APT. F WINSTON-SALEM, NC 27106 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 430.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| D4C2020 | Cash | O | 02/17/2020 | \$ 90.00 | MEAL PER DIEM POLL | | |
| D4C2020 | Cash | O | 02/19/2020 | \$ 60.00 | VOLUNTEER MEAL POLL VOLUNTEER | | |
| 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 | |
| EMILY NELSON 3510 WIMBERLY LANE APT. F WINSTON-SALEM, NC 27106 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 430.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| D4C2020 | Cash | O | 02/27/2020 | \$ 160.00 | MEAL POLL VOLUNTEER | | |
| D4C2020 | Cash | O | 03/03/2020 | \$ 120.00 | MEAL POLL VOLUNTEER | | |
| 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 | |
| FOREST NELSON 3510 WIMBERLY LANE APT F WINSTON-SALEM, NC 27106 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 220.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| D4C2020 | Cash | O | 02/17/2020 | \$ 80.00 | MEAL POLL VOLUNTEER | | |
| D4C2020 | Cash | O | 02/19/2020 | \$ 60.00 | MEAL POLL VOLUNTEER | | |
| 5. Total only this Page | | | | | | \$ 570.00 | |
| 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) | | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | \$ 1,972.06 | |
| 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 | | | | | | | |
| 8. Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Pg 3 of 4

Amendment
☐ Yes ☒ No

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 | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | | | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| PAYPAL INST XFER 2211 NORTH FIRST STREET CORPORATE HEADQUARTERS SAN JOSE, CA 95131 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 110.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| D4C2020 | Electric Funds Tran | A | 02/19/2020 | \$ 60.00 | FACEBOOK/INSTAGRAM | | |
| | | | | \$ | AD | | |
| 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 | |
| PAYPAL INST XFER 2211 NORTH FIRST STREET CORPORATE HEADQUARTERS SAN JOSE, CA 95131 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 530.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| D4C2020 | Electric Funds Tran | A | 03/23/2020 | \$ 190.00 | FACEBOOK/INSTAGRAM | | |
| D4C2020 | Electric Funds Tran | A | 03/23/2020 | \$ 300.00 | AD FACEBOOK/INSTAGRAM | | |
| | | | | | | | |
| 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 | |
| PAYPAL INST XFER 2211 NORTH FIRST STREET CORPORATE HEADQUARTERS SAN JOSE, CA 95131 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 530.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| D4C2020 | Electric Funds Tran | A | 04/15/2020 | \$ 40.00 | FACEBOOK/INSTAGAM | | |
| | | | | \$ | AD | | |
| 5. Total only this Page | | | | | | \$ 590.00 | |
| 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) | | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | \$ 1,972.06 | |
| 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

Pg 4 of 4

Amendment

☐ Yes ☒ No

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 | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | |
| BRUCE VAUGHN 930 PATTERSON AVENUE WINSTON-SALEM, NC 27101 | | | | | |
| | | | | 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 | |
| | | | | \$ 140.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| D4C2020 | Cash | O | 02/18/2020 | \$ 140.00 | MEAL YARDSIGNS & |
| | | | | \$ | POLLVOLUNTEER |
| 5. Total only this Page | | | | | \$ 140.00 |
| 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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | \$ 1,972.06 |
| 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 | | | | | |
| <input checked="" type="checkbox"/> Codes require detailed explanation in required remarks field (k) | | | | | |

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NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| | | | | | | |
|--|-----------------|---------------------|-----------------|--------------------------------------|--------------|----------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| DENISE HINES FOR CLERK COMMITTEE | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | D4C2020 | Electric Funds Tran | CO | 03/04/2020 | \$ 5.81 | TRANSACTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | D4C2020 | Electric Funds Tran | CO | 04/03/2020 | \$ 2.55 | TRANSACTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | D4C2020 | Electric Funds Tran | CO | 05/04/2020 | \$ 1.05 | TRANSACTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | D4C2020 | Cash | O | 02/29/2020 | \$ 40.00 | MEAL POLL VOLUNTEER |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | D4C2020 | Electric Funds Tran | CO | 03/10/2020 | \$ 21.31 | MERCHANT SERVICE FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | D4C2020 | Electric Funds Tran | CO | 06/20/2020 | \$ 0.83 | MERCHANT SERVICE FEE |
| 4. Total only this Page | | | | | \$ | 71.55 |
| 5. Total of ALL CRO-1315 Pages | | | | | \$ | 71.55 |
| (This line must be on line 14 of Detailed Summary Page CRO-1100) | | | | | | |
| 6. Codes (List detailed expenditure code in (d) above) | | | | | | |
| B* - Printing | | C* - Fundraising | | D - To Another Candidate | | |
| E - Salaries | | F* - Equipment | | G - Political Party | | |
| H - Postage | | J - Penalties | | K* - Office Expenses | | |
| O* - Other | | | | Q* - Donations to Legal Expense Fund | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

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NC State Board of Elections

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