

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 DENISE HINES FOR CLERK COMMITTEE	c. ID Number 2022 OCT -7 PM 4:46
b. Mailing Address (include City, State and Zip Code) 301 N MAIN ST, STE 805 WINSTON-SALEM, NC 27101	d. Date Filed 10/06/2022
	e. Phone Number

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 5/1/22	4. Period End Date (mm/dd/yy) 06/30/2022	5. Treasurer Full Name DENISE HINES
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report 0						10. Special Report Name	

3. Account Information			
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name	
b. Purpose CHECKING ACCOUNT FOR COMMITTEE	c. Account Code D4C2020	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 549.54		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Denise Hines Printed Name of Signer
Denise Hines Signature of Appointed Treasurer
 10/07/2022 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		2022 Second Quarter			
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 549.54		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 675.00		\$ 2,530.80	
6) Contributions from Individuals (CRO-1210)		\$ 8,144.32		\$ 14,504.02	
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)		\$ 153.95		\$ 153.95	
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)		\$ 8,973.27		\$ 17,188.77	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 8,827.95		\$ 15,613.67	
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)		\$ 127.62		\$ 413.19	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 500.00		\$ 500.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 594.67	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,455.57		\$ 17,121.53	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 67.24		\$ 67.24	
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 Individuals

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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 type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		04/08/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		05/14/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Cash		04/08/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Cash		04/08/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Check		04/04/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		05/14/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		03/27/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Check		05/06/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		03/26/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		05/05/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		03/18/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		04/01/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		03/25/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		05/14/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		03/23/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran		03/25/2022	\$	50.00
4. Total only this Page					\$	\$675.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$675.00

Contributions from Individuals

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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) DENISE HINES FOR CLERK COMMITTEE					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEVIN ACUNA 4240 SADDLEWOOD FOREST DR WINSTON-SALEM, NC 27106			b. Job Title/Profession c. Employer's Name/Specific Field CHARLOTTE CENTER FOR LEGAL ADVOCACY		d. Comments e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/16/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ABID ALI 3229 OLD LEXINGTON ROAD WINSTON-SALEM, NC 27107			b. Job Title/Profession SALES c. Employer's Name/Specific Field SELF-EMPLOYED		d. Comments e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		04/25/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PRIDGEN AMOS 6838 ROLLINGWOOD DR CLEMMONS, NC 27012			b. Job Title/Profession c. Employer's Name/Specific Field CITY OF WINSTON-SALEM		d. Comments e. Election Sum to Date \$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,144.32	

Contributions from Individuals

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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
CHRIS BEECHLER 380 KNOLLWOOD ST, STE 305 WINSTON-SALEM, NC 27103				c. Employer's Name/Specific Field		
				SELF-EMPLOYED		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/13/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANTHONY BRITT PO BOX 310426 ENTERPRISE, AL 36330				c. Employer's Name/Specific Field		
				N/A		
				e. Election Sum to Date		
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/23/2022	\$ 25.00	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		04/23/2022	\$ 25.00	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/23/2022	\$ 25.00	
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
DANA BRYANT 11640 LAUREL LAKE DRIVE ROSWELL, GA 30075				c. Employer's Name/Specific Field		
				EMORY UNIVERSITY		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/07/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 825.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,144.32	

Contributions from Individuals

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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	
AMANDA COLE 1326 RAINTREE DR SNELLVILL, GA 30078				ATTORNEY			
				c. Employer's Name/Specific Field			
				ATLANTA LEGAL AID SOCIETY			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/07/2022	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LUZVIMENDA DERAMUS 6368 SOUTHPOINT DRIVE DALLAS, TX 75248				PROBATION			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/07/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
AMOS DONALDSON 4081 SALEM ROAD ENTERPRISE, AL 36330				MECHANIC			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	D4C2020	Check		03/08/2022	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,144.32	

Contributions from Individuals

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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	
CHRISTOPHER DONALDSON 1530 GREAT OAKS DRIVE LAWRENCEVILLE, GA 30045				EXECUTIVE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BOWDEN SYSTEM INC		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
REX DONALDSON 4254 HIGHWAY 51 NEW BROCKTON, AL 36351				TRANSPORTATION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF-EMPLOYED		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/06/2022		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LEE VESTER FRAZIER GREY OAKS DRIVE PELHAM, AL 35214				CLERK			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CITY OF BIRMINGHAM		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/11/2022		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,144.32	

Contributions from Individuals

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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	
JULIA B FRYE 750 CHATHAM ROAD WINSTON-SALEM, NC 27101			TRIAL COURT COORDINATOR			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		04/03/2022	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEBORAH M GLASS 1811 SUSSEX LN WINSTON-SALEM, NC 27104-1125			ATTORNEY			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY HERNANDEZ 2402 TWIN CREEK COURT CONYERS, GA 30094			HOMEMAKER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/30/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,144.32	

Contributions from Individuals

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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
AMY DENISE HINES 301 N MAIN ST, STE 805 WINSTON-SALEM, NC 27101 (336) 310-9109				MAGISTRATE JUDGE		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				STATE OF NORTH CAROLINA		
						\$ 644.32
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Check		04/11/2022	\$ 644.32	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
AUTUMN HUTCHINS 6004 WHITE OAK COURT KERNERSVILLE, NC 27284						
				c. Employer's Name/Specific Field		e. Election Sum to Date
				FORSYTH CLERK OF SUPERIOR COURT		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/15/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM JEFFERS 3118 MINART DR WNSTON SALEM, NC 27106				TEACHER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				WINSTON SALEM FORSYTH COUNTY SCHOOLS		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/27/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 844.32	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,144.32	

Contributions from Individuals

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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	
STEFFON KNOX 3406 RUDLAND CT FAYETTEVILLE, NC 28304				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
				DEPARTMENT OF DEFENSE			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/05/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DEREK LONG 2507 SQUIRE MANOR PACE KERNERSVILLE, NC 27284				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1,000.00	
				SELF-EMPLOYED			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LINSEY MILLS 2786 CLAYBURNE CT WINSTON-SALEM, NC 27103				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
				SELF-EMPLOYED			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/05/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,144.32	

Contributions from Individuals

Pg 8 of 10

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
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
BERRY MOBLEY 3920 WESTRIDGE MEADOW CIR CLEMMONS, NC 27012				c. Employer's Name/Specific Field FORSYTH COUNTY CLERK OF SUPERIOR COURT		
				e. Election Sum to Date		
				\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022	\$ 100.00	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/08/2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
IVANA NOBLE 144 SUMPTER ST, APT 1 BROOKLYN, NY 11233				c. Employer's Name/Specific Field SAG		
				e. Election Sum to Date		
				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		04/11/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PAUL NOBLE 4670 CALEIGH WAY SNELLVILLE, GA 30039				c. Employer's Name/Specific Field MESA 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 type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,144.32	

Contributions from Individuals

Pg 9 of 10

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
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	
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	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/26/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
OONA O'NEILL 375 N PINE VALLEY RD WINSTON-SALEM, NC 27104						
			c. Employer's Name/Specific Field			
			ATRIUM HEALTH WAKE FOREST BAPTIST			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/11/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM PETERSON 6917 MILLBRIDGE RD CLEMMONS, NC 27012			RETIRED MAGISTRATE			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,144.32	

Contributions from Individuals

Pg 10 of 10

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
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	
ROBERT REIVES PO BOX 36 SANFORD, NC 27331				c. Employer's Name/Specific Field WILSON, REIVES & SILVERMAN			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/04/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KEN TISDALE 313 BANBURY ROAD WINSTON-SALEM, NC 27104				c. Employer's Name/Specific Field GRACE, TISDALE & CLIFTON			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/18/2022		\$ 500.00	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		06/18/2022		\$ 500.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILSON S WEAVER 3630 SPAUDING DR WINSTON-SALEM, NC 27105				LAW ENFORCEMENT			
				c. Employer's Name/Specific Field CITY OF WINSTON-SALEM			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		03/26/2022		\$ 250.00	
<input type="checkbox"/>	D4C2020	Electric Funds Tran		05/16/2022		\$ 250.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,144.32	

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

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)			d. Type of Committee		g. Comments
ADOBE 345 PARK AVE SAN JOSE, CA 95110			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/02/2022
					i. Original Expenditure Amt
					\$ 22.46
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND FOR SUBSCRIPTION CHANGE	
				j. Election Sum to Date	
				\$ 55.41	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
D4C2020	Electric Funds Tran			05/16/2022	\$ 11.97
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
LOWE'S HOME CENTER 935 HANES MALL BLVD WINSTON-SALEM, NC 27103			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/01/2022
					i. Original Expenditure Amt
					\$ 583.45
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				RETURNED UNUSED WOOD	
				j. Election Sum to Date	
				\$ 541.47	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
D4C2020	Electric Funds Tran			04/02/2022	\$ 41.98
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
THE HOME DEPOT 1000 HANES MALL BLVD WINSTON-SALEM, NC 27103			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/09/2022
					i. Original Expenditure Amt
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				AUGER DID NOT WORK	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
D4C2020	Debit Card			04/09/2022	\$ 100.00
4. Total only this Page					\$ 153.95
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 153.95

Disbursements

Pg 1 of 7

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	
ACTBLUE P.O. BOX 441146 SOMERVILLE, MA 20144-0031							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 119.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Electric Funds Tran	O	04/04/2022	\$ 70.52	TRANSACTION FEE		
				\$			
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	
ADOBE 345 PARK AVE SAN JOSE, CA 95110							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 55.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	A	03/02/2022	\$ 22.46	ADOBE SUBSCRIPTION		
D4C2020	Debit Card	A	04/02/2022	\$ 22.46	ADOBE SUBSCRIPTION		
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	
ADOBE 345 PARK AVE SAN JOSE, CA 95110							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 55.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	A	05/02/2022	\$ 22.46	ADOBE SUBSCRIPTION		
				\$			
5. Total only this Page						\$ 137.90	
6. Total of ALL CRO-1310 Pages						\$ 8,827.95	
(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)							
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 7

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) DENISE HINES FOR CLERK COMMITTEE						2. ID Number	
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) CANVA PTY LTD PO BOX 1330 STRAWBERRY HILLS NSW				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 201.90	
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	03/19/2022	\$ 12.99	CANVA PRO		
D4C2020	Electric Funds Tran	A	04/19/2022	\$ 12.99	SUBSCRIPTION CANVA PRO		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DIGITAL GRAPHICS PLUS, LLC 205 NATIONAL PLACE UNIT 113 LONGWOOD, FL 32750				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 2,187.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	B	03/24/2022	\$ 2,187.00	YARD SIGNS		
				\$			

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DIRT CHEAP SIGNS 6706 LOHMAN FORD ROAD LAGO VISTA, TX 78645				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 233.63	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	B	03/24/2022	\$ 233.63	CAR MAGNETS		
				\$			

5. Total only this Page						\$ 2,446.61	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 8,827.95	

7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>			
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 3 of 7

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	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				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	
						\$ 781.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	A	03/06/2022	\$ 11.26	FB AD		
D4C2020	Debit Card	A	04/06/2022	\$ 52.46	FB 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	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				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	
						\$ 781.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	A	04/27/2022	\$ 250.00	FB AD		
D4C2020	Debit Card	A	05/06/2022	\$ 148.52	FB 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	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				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	
						\$ 781.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	A	05/14/2022	\$ 250.00	FB AD		
D4C2020	Debit Card	A	05/19/2022	\$ 49.75	FB AD		
5. Total only this Page						\$ 761.99	
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)						\$ 8,827.95	
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 7

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	
HOTCARDS 2400 SUPERIOR AVE EAST CLEVELAND, OH 44114							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 543.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	B	04/12/2022	\$ 543.20	PALM CARDS		
				\$			
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	
LOWE'S HOME CENTER 935 HANES MALL BLVD WINSTON-SALEM, NC 27103							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 541.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	O	04/01/2022	\$ 583.45	WOOD FOR LARGE SIGNS		
				\$			
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	
LOWE'S HOME CENTER 145 HARMON CREEK ROAD KERNERSVILLE, NC 27234							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 137.18	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	O	04/02/2022	\$ 62.32	WOOD FOR YARD SIGNS		
D4C2020	Debit Card	O	04/02/2022	\$ 74.86	SCREWS FOR LARGE SIGNS		
5. Total only this Page						\$ 1,263.83	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						\$ 8,827.95	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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

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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	
SHAVER POLITICAL CONSULTANT 3850 HEATHER VIEW LANE WINTON SALEM, NC 27127							
				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	
						\$ 3,700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Cash	E	04/27/2022	\$ 1,700.00			
D4C2020	Cash	E	05/25/2022	\$ 1,500.00			
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	
SHAVER POLITICAL CONSULTANT 3850 HEATHER VIEW LANE WINTON SALEM, NC 27127							
				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	
						\$ 3,700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Cash	E	06/08/2022	\$ 500.00			
				\$			
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	
STAPLES 210 HARMON CREEK ROAD KERNERSVILLE, NC 27284							
				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	
						\$ 69.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D4C2020	Debit Card	B	04/13/2022	\$ 69.54	PALM CARDS		
				\$			
5. Total only this Page						\$ 3,769.54	
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)						\$ 8,827.95	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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 6 of 7

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) DENISE HINES FOR CLERK COMMITTEE						2. ID Number	
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) THE HOME DEPOT 4425 W WENDOVER AVE GREENSBORO, NC 27407				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 103.49	
f. Account Code D4C2020	g. Form of Payment Debit Card	h. Purpose Code F	i. Date (mm/dd/yyyy) 04/04/2022	j. Amount \$ 103.49	k. Required Remarks AUGER TO DIG HOLES FOR SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE HOME DEPOT 1000 HANES MALL BLVD WINSTON-SALEM, NC 27103				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 0.00	
f. Account Code D4C2020	g. Form of Payment Debit Card	h. Purpose Code F	i. Date (mm/dd/yyyy) 04/09/2022	j. Amount \$ 100.00	k. Required Remarks AUGER FOR HOLES FOR SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE HOME DEPOT 2300 N MAIN ST HIGH POINT, NC 27262				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 103.49	
f. Account Code D4C2020	g. Form of Payment Debit Card	h. Purpose Code F	i. Date (mm/dd/yyyy) 04/10/2022	j. Amount \$ 103.49	k. Required Remarks AUGER FOR HOLES FOR SIGNS		
5. Total only this Page						\$ 306.98	
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)						\$ 8,827.95	
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 7 of 7

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) DENISE HINES FOR CLERK COMMITTEE				2. ID Number	
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 <i>(include city, state, & zip)</i> Vantiv, LLC 8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 177.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
D4C2020	Electric Funds Tran	O	04/11/2022	\$ 87.16	TRANSACTION FEE
D4C2020	Electric Funds Tran	O	06/09/2022	\$ 53.94	TRANSACTION FEE
5. Total only this Page					\$ 141.10
6. Total of ALL CRO-1310 Pages					\$ 8,827.95
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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.)					

CRO-1310

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) DENISE HINES FOR CLERK COMMITTEE					2. ID Number	
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	O	05/04/2022	\$ 9.76	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran	O	06/03/2022	\$ 29.64	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Debit Card	K	04/03/2022	\$ 27.24	LUNCH FOR SIGN INSTALLERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Debit Card	H	04/28/2022	\$ 17.62	WATER AND SNACKS FOR POLLS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran	O	05/10/2022	\$ 13.36	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran	O	02/28/2022	\$ 10.00	MONTHLY SERVICE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran	KO	05/31/2022	\$ 10.00	MONTHLY SERVICE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D4C2020	Electric Funds Tran	O	06/30/2022	\$ 10.00	MONTHLY SERVICE FEE
4. Total only this Page					\$	127.62
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	127.62
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
Q* - Donations to Legal Expense Fund						
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
DENISE HINES FOR CLERK COMMITTEE				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
KEN TISDALE 313 BANBURY ROAD WINSTON-SALEM, NC 27104		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/18/2022
				i. Original Receipt Amount
				\$ 500.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
	GRACE, TISDALE & CLIFTON	L		\$ 500.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
D4C2020	Electric Funds Tran		06/18/2022	\$ 500.00
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 500.00
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit				
P* - Reimbursement of In-Kin O* Other				
* Codes require detailed explanation in required remarks field (m)				

CRO-1320

NC State Board of Elections

July 2007

