Amendment

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 Information							
a. Full Name							
Re Elect Voug	han Com	missi	oner		404JYP		
b. Mailing Address (include City, Stat	d. Date Filed						
117 Cornwallis	4/26/10						
Mehane, NC 2	e. Phone Number						
					919/563-3359		
2. Report Year 3. Period Start	i			5. Treasure	r Full Name		
2010 03/05		04	117/2010	Sheri V	. DeBruler		
6. Type of Committee (Check (		ype of Rep	ort (check only one	type of repor	rt from one category)		
Candidate Campaign Part	P4055000	nicipal	State/County		Referendum		
		Organizationa		onal	Organizational		
The state of the s		Thirty-five da	y Quarterly		Pre-referendum		
Legal Expense Fund		Pre-primary	First		Final		
7 Tours of Frank 198		Pre-election	Secon	d	Supplemental Final		
7. Type of Fund (if applicable,  Booster Fund	check one)	Pre-runoff	Third		Annual Annual		
Building Fund	ĺ-	Semi-annual	L Fourti		Special		
Building Fund	H	Mid Yea		-			
Other:	IH	Year End			10. Special Report Name		
8. Number of Fundraisers this		Final Special	Year I	and			
o. Number of Fundraisers this	Keport	Special	Final	1			
0			L Special				
11. Account Information			11. Account Inform				
a. Financial Institution Full Name			a. Financial Institution F	'ull Name			
Suntrust			z				
b. Purpose	c. Account Code		b. Purpose	(	c. Account Code		
Canum : 01	1						
Campuign				_			
Campaign Funds	d. Period Begin Bal				l. Period Begin Balance		
1 uras	\$ 2300.	16			\$		
CERTIFICATION							
I certify that the Committee or Fun	d is in compliance	with all appli	cable provisions of Artic	cle 22A 22B	& 22D 22M of Chapter 163		
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this							
report is complete, true and correct and that I have been trained by the NC State Board of Elections.							
SHERI V. DEBRU	LLER	On	eu V. DeBri	eler	4/24/10		
Printed Name of Signe	er	Sigr	ature of Appointed Treasu	rer	Date		
FOR OFFICE USE ONLY							
Date Received: 4	-26-10	Employ	ee: JG		<u>very Method</u> Normal Mail		
Date Postmarked:		Employ	ee:	□ F	Registered Mail Hand Delivered		
Date Scanned:		Employ	ee:		Electronically Filed		
Date Data Entered:		Employ	ee:	□ S n	Signer has not received nandatory training		
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.							
Tot flust afficiation of Organization (CRO-2100A-E) to make committee changes.							

CRO-1000

NC State Board of Elections

August 2008

## **Detailed Summary**

Amondmont ☐ 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 ReElect Vaughan Commissioner 15 Otr. Plus 404 JYP Total this Start of Election Cycle: Total this 2011 January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 2300.16 2300.16 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 6) Contributions from Individuals (CRO-1210) \$ \$ 184 00 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds (CRO-1410) 2200.16 \$ 10) Refunds/Reimbursements to the Committee (CRO-12-10) Ŝ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Furchase Price Safes (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 2384.16 0 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 250.00 250.00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ \$ 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) 250,00 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 2050.16 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

Disbursen	nents				Ру о	<b>.</b>	Amendment  L
Use this form t	o report expenditures	from the commi	ittee for	operating ex	nenses, contribu	i —	to candidate/political
committees and	i coordinated party e	xpenditures				HOIL	to candidate/political
	Full Name (and Fur						2. ID Number
Re Elec	ct Vaugha						404JYP
3. Type of Dis	bursement <u>(Pleas</u>	e use separate C	RO-131	0 forms for	each type of Dis	burse	
Operating Ex	penses L Co	ntributions to Candid	dates/Poli	tical Committee			ted Party Expenditures
4. Payee Infor				Add	Remove		
	Mailing Address & Pl	ione		b. Coordina	ted Committee Nam	ne	d. Comments
(include city, state			••				
Family	Abuse Serv Lance Co. T	ices			<del></del>		j
Alana	inne Co. I	nr			istered (Specify)		
Muun	Care -	· / ( C ,		Federal	=		
				L State	Municip	ality:	e. Election Sum to Date
f. Account Code	T a	T					\$ 25000
I. Account Code	g. Form of Payment	h. Purpose Code		(mm/dd/yyyy)	<del></del>	<del></del>	equired Remarks
	Check	A	031	15/2010	\$ 250.00	P	rogram ad
			1		\$	7	<del>- 9</del>
4. Payee Inforr	nation			Add	Remove		<del></del>
a. Full Name, Mail	ling Address & Phone	· · · · · · · · · · · · · · · · · · ·		b. Coordinat	ed Committee Nam	ie I	d. Comments
(include city, sta	te, & zip)			_	<del></del>		
			-	<u></u> .			1
				c. Level Regi	stered (Specify)		
				Federal	County:	$\neg$	···
				State	Municipa	ality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	li Data (	· · · · · · · · · · · · · · · · · · ·	I	1. 5	
	g	Talphie Citae	i. Date (	mm/dd/yyyy)	1.	K. Ke	quired Remarks
<del></del> -			<del> </del>		\$	↓	
				İ	\$		
4. Payee Inforn				Add	Remove	<del>-</del>	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	e (	d. Comments
(include city, stat	te, & zip)	·					
					stered (Specify)		
				Federai	County:		
				State	Municipa	lity: e	e. Election Sum to Date
							\$
. Account Code	g. Form of Payment	h. Purpose Code	li. Date (1	l mm/dd/yyyy)	i. Amount	le Bo	quired Remarks
			Dute (	-,,,,,	\$	I. KU	quireu Remarks
						<u> </u>	
					\$		
. Total only thi	is Page						\$ 250.00
. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	rating Expenses	s)		•
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	00 if Cont	rib to Candida	·/ tes/Political Comm)	,	\$
(This line goes in	line 13c of Detailed Sumi	mary Page CRO-110	00 if Coor	dinated Party I	Expenditures)	İ	250.00
. Purpose Co	des (List detailed	expenditure code	in (h.)	above)			
* - Media	B* - Printin			ındraising	D - To /	Anoth	er Candidate
- Salaries	Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses						
Building	r* - Equipn	iciit	O 101	nical ranty	H*-H∆	, , , , , , , , ,	
- Postage	J - Penaltie			ffice Expens	es O* - Do	natio	n to Legal Expense Fund
- Postage D* Other		S	K* - O	ffice Expens	es Q* - Do	natio	on to Legal Expense Fund

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Let Yes Let No
Do not use this form to update information.

1. Committee Information							
a. Full Name				c. III Number			
Re Elect Voughan ( b. Mailing Address (include City, State and Zip Co	ommissi	oner		404-1419			
b. Mailing Address (include City, State and Zip Co	rde)			d. Date Filed			
111 Cornwallis Cour	+			4/26/10			
Mebane, NC 27302				e. Phone Number			
				919/563-3359			
2. Report Year 3. Period Start Date (mm/s				r Full Name			
6. Type of Committee (Check One)		117/2010	Sheri V	DeBruler			
Candidate Campaign Party	Municipal	port (check only one	type of repo	rt from one category)			
PAC Referendum	Organization	State/County		Referendum			
Independent Expenditure Joint Fundraiser	Thirty-five da	The same of the sa	onai	Organizational			
Legal Expense Fund	Pre-primary		Ì	Pre-referendum			
	Pre-election	First Secon		Final			
7. Type of Fund (if applicable, check one)	Pre-runoff	Third		Supplemental Final			
Booster Fund	Semi-annual	Fourt	1	Annual Special			
☐ Building Fund	☐ Mid Yea		1	Special			
printed.	Year En	1		10. Special Report Name			
Other:	☐ Final	Year		to. Special Report Name			
8. Number of Fundraisers this Report	Special Special	Final	1				
		Special	ľ				
11. Account Information	de Maria de Maria de Care	11. Account Inform	ntion				
a. Financial Institution Full Name	Name of the last o	a. Financial Institution F					
Suntrust			on statut				
b. Purpose c. Account C	ode	b. Purpose	T <sub>C</sub>	- Account Code			
OG WINDS I GO				- Account Code			
Campaign 1  Funds \$ 730							
d. Period Beg	***************************************		d	. Period Begin Balance			
* 230	00.16			\$			
CERTIFICATION				<b>*</b>			
I certify that the Committee or Fund is in complete of the NC General Statutes and that no funds as	iance with all appli	achlai-i C					
of the NC General Statutes and that no funds are	commingled with	prohibited or other non	cie 22A, 22B	& 22D-22M of Chapter 163			
report is complete, true and correct and that I ha	ve been trained by	the NC State Board of F	lections	ds. I further certify that this			
	50.	``. O 1	ections.	. ,			
SHERI V DEBRULER		eu V. DeBru	iler	5/31/10			
Printed Name of Signer	Sign	nature of Appointed Treasur	rer	Date			
FOR OFFICE USE ONLY							
Date Received:	Employ	ee: JG		ery Method ormal Mail			
Date Postmarked:	Employe	ee:	☐ R	egistered Mail and Delivered			
Date Scanned:	Employe	ee:		lectronically Filed			
Date Data Entered:	_ Employe		m	igner has not received andatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,							
assistant treasurer, cu	stodian of books	information or accoun	nt informatio	ntee address, treasurer,			
You must amend the Statement	of Organization	(CRO-2100A-F) to m	ake committe	oo ohomoon			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

NC State Board of Elections

August 2008

Use this form to summarize all disclosure reporting forms a I. Committee Full Name (and Fund if applicable)	2. Type of	Peror	
ReElect Vaughan Commissioner			3. ID Number
Start of Election Cycle: January 1, 2007	1 1 64	r. Plus	1404-JYP
4) Cash on Hand at Start		Total this Reporting Peri	Total thi od Election Cy
RECEIPTS		\$ 23001	
5) Aggregated Contributions from Individuals			
6) Contributions from Individuals	(CRO-1205)	<del></del>	\$
	(CRO-1210)	\$	\$ 184
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees  9) Loan Proceeds	(CRO-1230)	\$	\$
	(CRO-1410)	\$	\$ 2200
Refunds/Reimbursements to the Committee	(CRO-12-10)	\$	1.\$
Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	4
11h) Contributions from Not-For-Profit Organizations	(CRO-1258)	*\$	\$
11c) Outside Sources of Income		\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	5
11e) Exempt Purchase Price Sates	16. ROLL 2765	Ŧ	
TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle	d.	\$
TENDITURES		<b>3</b>	\$ 2.384.1
Dishursements			
(3a) Operating Expenditures	(CRO-1310)	250.00	
3b) Contributions to Candidates/Political Committees	(CRO-1310) 9		
3c) Coordinated Posts Function	(CRO-1310) S		\$
Aggregated Non-Madio Uses and	(CRO-1315) S		\$
Loan Renayments			\$
Refunds/Paimhumanas a	-		\$
In-Kind Contributions	<u> </u>		\$
FOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	CRO-1510) \$		\$ 84
Cash on Hand at End (Add lines 4 and 12 together, then subtr	16 and 17) \$	250,00	\$ 334.0
DITIONAL INFORMATION	act tine 18] \$	2050.16	\$ 2050:
Non-Monetary Gifts Given to Other Committees (6)	CRO-1330) \$		
Internating Looms that	(RO-1430) \$		
Dehts and Obligations 11	CRO-1610) \$		
Pehts and Obligations and August	, <del> </del>		
CCOURT Transfore Within Alexander			
dministrative Support			
Orgiven Lagne	(RO-1710) \$		\$
Hour Notice Deports C	RO-1440) \$		\$
	?O-2220)   S		\$

Disburser	ments				Рg <u>і</u>	•		Angendment
Use this form	to report expenditures	s from the comm	ittee fo	r operating e	Ypenses contr	of _ ribution	I	Yes L No
womminetoco (in	id coordinated party e	expenditures			фенаса, сон,	luuuone	i (O Can	ююме/роннем
4	Full Name (and Fur				···		2. ID	Number
Re Ele	ct Vaugha	in Conin	1155	Loner			4	-04-JYP
3. Type of Dis		se use separale C	RO-13	10 forms for	each type of	Disburs	ement	.)
Operating Ex	xpenses L Co	ontributions to Candid	dates/Pol	tical Committe				ty Expenditures
4. Payee Infor			L		Remove			
a. Full Name, full include city, state	Mailing Address & Pl	none		b. Coordina	ated Committee N	Name	d. Cor	mments
		•	· —				T	
Hannity	HOUSE DEVV	1285		r I sval Day	datased (County	<del></del>	4	
Alcin	Abuse Servicance Co T	-116		Federal	gistered (Specify) Coun		4	
İ				State			a Elec	ction Sum to Date
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							\$ 7	250°C.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)				i Remarks
	Check	I A		15/2010				am ad
			+		8	-+	109.	um uu
4. Payee Inform	mation		<del></del>	1				
	iling Address & Phone		<u></u>	Add	Remove	<del></del>	<del>,</del>	
(include city, sta				b. Coordinar	ted Committee N	ame	d. Com	ments
<u> </u>								
				a Lovel Reg	istered (Specify)		4	
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				State	=	•	Floor	
				Lad June	INTO INTO INC.	cipanity.	e. Eleci	tion Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	l. Date	(mm/dd/yyyy)	i. Amount	k. R	andred.	Remarks
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		<u> </u>		·!	\$	1		
4. Pavee Inform				Add	Remove			
	ling Address & Phone				ed Committee Na	ame	d. Com	monts
(include city, stat	te. & zip)						<u> </u>	Mearia
				1		1	i	
			1	i ——	stered (Specify)		i	
			!	l'ederat	County	· [	i	·
			1	State	Munic	ipality:	e. Electi	ion Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	1	<u></u>	<del></del>			
-/ACCOUNT COL	E. FORM OF THE OPEN	n. Purpose code	i. Date (i l	mm/dd/yyyy)		k Re	quired !	Remarks
		1	i		\$			
_	1	ı	(	7	\$	1	<del></del>	
5. Total only thi	in Dage				a .	┸-	····	
				<del></del>			.\$	<u> 250.00</u>
	CRO-1310 Pages					;		
(This line goes in	line 13a of Detailed Summ	mary Page CRO-110	10 if Oper	rating Expenses	s)	:	\$	
(This line goes in i	tine 13b of Detailed Sumn	nary Page CRO-110	0 if Cont	.rib to Candidat	tes/Political Com	ım)	Ф	7000
(This line goes in l	line 13c of Detailed Sumn	mary Page CRO-110	00 if Coor	rdinated Party E	Expenditures)	:		250,00
. Purpose Co	odes (List detailed e	expenditure code	in (h.)	above)		<del></del>	<del></del>	HATTO CO.
4* - Media	B* - Printing	lg (	C* - Ft	undraising	D - T	o Anoth	ъer Сап	ididate
E - Salaries	F* - Equipm	nent (	G - Poli	litical Party	H*- F			ic Office Expenses
- Postage	J - Penalties			ffice Expense				egal Expense Fund
D* Other	-				•	•		And the same
* Cadas recuire	a detailed evalencies			A /				