

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 <u>Committee to Elect Cheryl Halachef Marley</u>		c. ID Number <u>84-3900604</u>
b. Mailing Address (include City, State and Zip Code) <u>2140 Stonebrook Dr. Mebane NC 27302</u>		d. Date Filed
		e. Phone Number <u>336-675-8813</u>

2. Report Year <u>2020</u>	3. Period Start Date (mm/dd/yy) <u>1-1-2020</u>	4. Period End Date (mm/dd/yy) <u>2-15-2020</u>	5. Treasurer Full Name <u>Rose Annette Stiggins</u>
-------------------------------	--	---	--

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
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<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	

7. Type of Fund (if applicable, check one)

Booster Fund

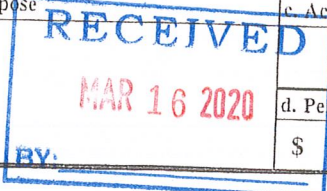
Building Fund

Other:

8. Number of Fundraisers this Report
0

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Suntrust</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign account for receipts + expenditures</u>	c. Account Code <u>L</u>	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 1786.86</u>		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 of Elections.

Rose Annette Stiggins Printed Name of Signer Rose Annette Stiggins Signature of Appointed Treasurer 2-2020 Date

FOR OFFICE USE ONLY

Date Received: <u>3/16/2020</u>	Employee: <u>JG</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: <u>3/20/2020</u>	Employee: <u>JG</u>	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory 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.

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
Comm. Hse to Elect Cheryl H. Marley	1st Qtr. 1st Qtr. 2017	84 3900604
Start of Election Cycle: January 1, <u>2020</u> 2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1786.36	\$ 1556.06
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 440.00	\$ 205.00 470.80
6) Contributions from Individuals (CRO-1210)	\$ 2452.06	\$ 3212.55 6,039.22
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2892.06	\$ 3417.55 6,510.02
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 3035.52	\$ 1210.52 3,079.46
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)	\$ 1084.06	\$ 2112.55 2,871.22
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4119.58	\$ 3959.07 5,950.68
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 559.34	\$ 1620.54 559.34
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)	\$	\$

Aggregated Contributions from Individuals

Page ___ of ___ 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
Committee to Elect Cheryl Halachief Marley					84-3900604
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	1	check		1-16-20	\$ 50. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		1-16-20	\$ 50. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		1-17-20	\$ 50. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		1-24-20	\$ 25. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	cash		1-28-20	\$ 30. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check			\$ 25. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 40. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 20. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 20. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 20. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 20. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 35. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash			\$ 40. ⁰⁰
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 440. ⁰⁰
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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	
Committee to Elect Cheryl Halachef Marley						84-3900604	
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	
Geoffrey Browne 427 Fieldstone Dr. Burlington NC 27215				Physician Med. Via Chair			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				WCB Copernicus Group, IRB		\$ 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"/>	1	check		1-5-20	\$ 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	
Rose A. Seagins 19 Wanda Lane Haw River NC 27258 336-263-0177				not working			
				c. Employer's Name/Specific Field		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"/>	1	check		1-8-20	\$ 200. ⁰⁰		
<input type="checkbox"/>	1	cash		2-7-20	\$ 100. 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	
Hugh Webster 208 Shadowbrook Dr. Burlington, NC 27215 336-514-6007				Register of Deeds			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Register of Deeds		\$ 668. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		1-10-20	\$ 500. ⁰⁰		
<input type="checkbox"/>	1	check		2-12-20	\$ 168. ⁰⁰		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1268. ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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	
Committee to elect Cheryl Halachel Marley						84 3900604	
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	
R. Keith Coleman 1624 Riverside Dr. Hillsborough NC 27278 919.218.1853				Retired			
				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"/>	1	check		1.25.20	\$ 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	
Harlan Coleman 1624 Riverside Dr. Hillsborough NC 27278				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 400. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-kind	Contribution Paid to Markell	1.28.20	\$ 400. 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	
Sara Fitzpatrick 1806 Bickett Blvd. Raleigh NC 27608				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 400. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-kind	Paid to Markell Contribution signed	1.28.20	\$ 400. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900. ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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	
Committee to Elect Cheryl Halachef Marley						84 3900604	
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	
Cheryl H. Marley 2140 Stonebrook Dr. Mebane NC 27302 336-675-8813				Assist Reg of Deeds			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Register of Deeds		\$ 2141.49	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-kind	P.P Printing	2-10-20	\$ 86.67		
<input type="checkbox"/>	1	In-kind	P.P Printing	1-7-20	\$ 67.66		
<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	
Chris Smith P.O. Box 322 Gibsonville NC 2 336-266-1723							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-kind	mints	2-13-20	\$ 80.00		
<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	
MARSHA BREWNE 427 Fieldstone Dr. Burlington NC 27215 336-263-4452				not working			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 49.73	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-kind	Office Depot Ink	1-14-20	\$ 22.51		
<input type="checkbox"/>		In-kind	Office Depot Copies	1-9-20	\$ 27.22		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 284.06	
5. Total of ALL CRO-1210 Pages						\$ 2452.06	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

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
Committee to Elect Cheryl H. Hachef Marley						84-3900604
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	
Van's Advertising 3290 Van Dr. Burlington, NC 27215			Committee to Elect Cheryl H. Marley		Yard signs	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 850. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	B*	1-10-20	\$ 850. 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	
U.S. Postal - Elon 105 S. Williamson Ave. Elon NC 27244			Committee to Elect Cheryl H. Marley		Stamps	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 27.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	I	1-21-20	\$ 27.50		
				\$		
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	
Markell Printing 718 East Davis St. Burlington NC 27216			Committee to Elect Cheryl H. Marley		Printing of signs	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 363. ⁰²	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	B*	1-29-20	\$ 363. ⁰²		
				\$		
5. Total only this Page						\$ 1240.52
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>						
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

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) Committee to Elect Cheryl Halachef Marley					2. ID Number 84-3900604
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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) Graham Cinema LLC P.O. Box 872 Graham, N.C. 27253-872		b. Coordinated Committee Name Committee to Elect Cheryl Halachef Marley		d. Comments One month slide advertisement	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 65. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A*	1-31-20	\$ 65. ⁰⁰	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alamance News P.O. Box 431 114 W. Elm St. Graham, N.C. 27253 336-228-7851		b. Coordinated Committee Name Comm. Hze to Elect Cheryl Halachef Marley		d. Comments 10" color Ad for Feb 6, 13, 20, 27	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 820. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A*	1-31-20	\$ 820. ⁰⁰	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WSML-AM 422 Huffman Mill Road Suite 208 Burlington, NC 27215 336-926-3141		b. Coordinated Committee Name Comm. Hze to Elect Cheryl Halachef Marley		d. Comments Broadcast Ad for upcoming primary election	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 742. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A*	2-10-20	\$ 742. ⁰⁰	
				\$	
5. Total only this Page					\$ 1627.00
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)					\$
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

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	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input 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) WBAG P.O. Box 2450 Burlington NC 336-226-1150				b. Coordinated Committee Name Committee to elect Cheryl H. Madley		d. Comments Broadcast 2-13-3-3-20	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 168. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	AX	2-13-19	\$ 168. 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	
				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
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	
				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 \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 168. ⁰⁰	
6. Total of ALL CRO-1310 Pages						\$ 3035.52	
(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)							

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Comm. Hcz to Elect Cheryl Halachez Marley		84-3900604
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Cheryl H. Marley 2146 Stonebrook Dr Mebane, NC 27362 336-675-8813	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 2141.49
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PIP Printing - Business CARDS	2-10-20	\$ 86.67
PIP Printing - Business CARDS	1-7-20	\$ 67.64
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Chris Smith P.O. Box 322 Gibsonville NC 336-246-1723	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 80.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Donated mints to Campaign	2-13-20	\$ 80.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Marsha Browne 427 Fieldstone Dr. Burlington, NC 27215 336-263-4452	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 49.73
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paid to Office Depot for Ink	1-14-20	\$ 22.51
Paid to Office Depot for Copies	1-9-20	\$ 27.22
		\$
4. Total only this Page		\$ 284.06
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Comm. Hcz to Elect Cheryl Hakache's Marley		84-3900604
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Harlan Coleman 1624 Riverside Dr Hillsborough NC 27278	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Contribution
		d. Election Sum to Date
		\$ 400. ⁰⁰
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paid Markell for signs being Printed	1-28-20	\$ 400. ⁰⁰
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SARA Fitzpatrick 1806 Bickett Blvd. Raleigh, NC 27608	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Contribution
		d. Election Sum to Date
		\$ 400. ⁰⁰
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paid Markell for signs being Printed	1-28-20	\$ 400. ⁰⁰
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 800. ⁰⁰
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1084.06