

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information		6. ID Number
a. Full Name THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT		
b. Mailing Address (include City, State and Zip Code) 6050 BLUE BONNET LN WINSTON SALEM, NC 27101-9717		d. Date Filed 2014 JUL 11 PM 1:06 RECEIVED 07/09/2014
		e. Phone Number (336) 941-7043

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 04/20/2014	4. Period End Date (mm/dd/yy) 06/30/2014	5. Treasurer Full Name THOMAS WHITMELL DAVIS V
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name WELLS FARGO	
b. Purpose TO RECEIVE CONTRIBUTIONS FOR AND TO PAY EXPENDITURES OF THE	c. Account Code 01	b. Purpose TO EARN INTEREST ON CONTRIBUTIONS	c. Account Code 02
	d. Period Begin Balance \$ 3,563.51		d. Period Begin Balance \$ 450.01

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

Thomas W. Davis V Thomas W. Davis V 07/09/2014
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>7-11-2014</u>	Employee: <u>Jade Chan</u>	Delivery Method <input checked="" 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: <u>7-10-2014</u>	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
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT	2014 Second Quarter	WYTH COUNTY
Start of Election Cycle: January 1, <u>2013</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,013.52	\$ 1,111.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 295.00	\$ 1,239.00
6) Contributions from Individuals (CRO-1210)	\$ 8,050.00	\$ 15,025.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.07	\$ 0.08
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)	\$ 8,345.07	\$ 16,264.08
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 5,713.93	\$ 9,515.42
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)	\$ 29.69	\$ 133.69
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 3,112.79	\$ 3,112.79
17) In-Kind Contributions (CRO-1510)	\$ 1,900.00	\$ 1,900.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 10,756.41	\$ 14,661.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,602.18	\$ 1,602.18
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)	\$ 300.00	
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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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	01	Check		05/28/2014	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		06/17/2014	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/28/2014	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$295.00
5. Total of ALL CRO-1205 Pages					\$	\$295.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT							
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 JOYCE 330 FISHEL RD WINSTON-SALEM, NC 27127				RETIRE SHERIFF'S DEPUTY			
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
						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"/>	01	Check		05/28/2014		\$ 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	
EDDIE MITCHELL 110 OAKWOOD DR STE 410 WINSTON-SALEM, NC 27103				ATTORNEY			
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
						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"/>	01	Check		05/28/2014		\$ 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	
RONALD SHORT 110 S SPRUCE ST WINSTON-SALEM, NC 27101				ATTORNEY			
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
						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"/>	01	Check		05/28/2014		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,050.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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
EYVETTE ABBOTT 5462 NORTH RIDGE RD WINSTON-SALEM, NC 27105				ASSISTANT CLERK OF COURT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Justice, Public Order, and Safety Activities		
						\$ 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"/>	01	Money Order		05/28/2014	\$ 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
GENE NEWELL 1008 KINGS MEADOW DR WINSTON SALEM, NC 27127				DISTRICT ATTORNEY'S OFFICE		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Justice, Public Order, and Safety Activities		
						\$ 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"/>	01	Check		05/28/2014	\$ 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
CARL PARRISH 120 AFTONSHIRE CT WINSTON-SALEM, NC 27104				ATTORNEY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Justice, Public Order, and Safety Activities		
						\$ 1,800.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		05/28/2014	\$ 1,800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 2,000.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,050.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT							
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 BROWN 899 RIDGE GATE DR LEWISVILLE, NC 27023				RETIRED ASSISTANT DISTRICT ATTORNEY			
				c. Employer's Name/Specific Field			
				Justice, Public Order, and Safety Activities			
						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"/>	01	Check		05/28/2014		\$ 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 SZAWARA 516 SURREY PATH TR WINSTON-SALEM, NC 27104				ASSISTANT CLERK OF COURT			
				c. Employer's Name/Specific Field			
				Justice, Public Order, and Safety Activities			
						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"/>	01	Check		05/28/2014		\$ 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	
BEN TENNILLE 844 GLEN ECHO TRL WINSTON-SALEM, NC 27106				RETIRED JUDGE			
				c. Employer's Name/Specific Field			
				Justice, Public Order, and Safety Activities			
						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"/>	01	Check		05/28/2014		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,050.00	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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	
DANIEL JOHNSON 3740 KIRKLEES RD WINSTON-SALEM, NC 27104			ATTORNEY			
			c. Employer's Name/Specific Field			
			Justice, Public Order, and Safety Activities			
					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"/>	01	Check		05/28/2014		\$ 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	
MARIANNE NORTHINGTON 1190 ARBOR RD WINSTON-SALEM, NC 27104			HOMEMAKER			
			c. Employer's Name/Specific Field			
			N/A			
					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"/>	01	Check		05/28/2014		\$ 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	
JEFFREY WOOD 372 FAIRFAX DR WINSTON-SALEM, NC 27104			ATTORNEY			
			c. Employer's Name/Specific Field			
			Justice, Public Order, and Safety Activities			
					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"/>	01	Check		05/28/2014		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,050.00	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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 CLIFTON 156 PLYMOUTH AVE WINSTON-SALEM, NC 27104			ATTORNEY			
			c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
					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"/>	01	Check		06/17/2014		\$ 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	
JOHN FITZGERALD 114 S SPRUCE ST WINSTON-SALEM, NC 27101			ATTORNEY			
			c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
					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"/>	01	Check		05/28/2014		\$ 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	
VICTOR LEFKOWITZ 105 W 4TH ST WINSTON-SALEM, NC 27101			ATTORNEY			
			c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
					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"/>	01	Check		05/28/2014		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 950.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,050.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT							
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	
JANE BUMGARDNER 1028 CROSS GATE RD WINSTON-SALEM, NC 27106				RETIRED PROBATION OFFICER			
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
						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"/>	01	Check		06/27/2014		\$ 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	
STEVEN DOLLASE 3741 CORAL GARDEN LN WINSTON-SALEM, NC 27106				PRESIDENT			
				c. Employer's Name/Specific Field INMAR			
						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"/>	01	Check		06/17/2014		\$ 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	
MICHAEL GRACE 225 FOX LAKE CT WINSTON-SALEM, NC 27106				ATTORNEY			
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
						e. Election Sum to Date	
						\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		06/17/2014		\$ 750.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,050.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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	
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			CLERK OF SUPERIOR COURT			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA		e. Election Sum to Date	
					\$ 0.00	
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	XIA ASIAN BISTRO: FUNDRAISER FOOD	05/20/2014	\$ 1,900.00	
<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	
RICHARD PENDER 3422 ANDERSON DR WINSTON-SALEM, NC 27127			ASSISTANT CLERK OF COURT			
			c. Employer's Name/Specific Field			
			Justice, Public Order, and Safety Activities		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"/>	01	Check		05/28/2014	\$ 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	
KENNETH TISDALE 1250 YORKSHIRE RD WINSTON-SALEM, NC 27106			ATTORNEY			
			c. Employer's Name/Specific Field			
			Justice, Public Order, and Safety Activities		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"/>	01	Check		06/17/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,050.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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
TERESA HIER 915 A CAROLINA AVE WINSTON-SALEM, NC 27101				ATTORNEY		
				c. Employer's Name/Specific Field		
				Justice, Public Order, and Safety Activities		
						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"/>	01	Check		05/28/2014		\$ 200.00
<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
MARLENE JOHNSON 301 BRAXTON RIDGE CT WINSTON-SALEM, NC 27104				RETIRED STATE EMPLOYEE		
				c. Employer's Name/Specific Field		
				Justice, Public Order, and Safety Activities		
						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"/>	01	Check		06/17/2014		\$ 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
MARK RANDOLPH 250 EXECUTIVE PARK BLVD WINSTON-SALEM, NC 27103				ATTORNEY		
				c. Employer's Name/Specific Field		
				Justice, Public Order, and Safety Activities		
						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"/>	01	Check		05/28/2014		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,050.00	

Other Receipt Sources

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
WELLS FARGO 100 N MAIN ST WINSTON SALEM, NC 27101 (336) 732-5391					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.05	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
02	Electronic Funds Tra		06/30/2014	\$ 0.03	
02	Electronic Funds Tra		04/30/2014	\$ 0.02	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
WELLS FARGO 100 N MAIN ST WINSTON SALEM, NC 27101 (336) 732-5391					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.05	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
02	Electronic Funds Tra		05/30/2014	\$ 0.02	
				\$	
5. Total only this Page				\$ 0.07	
6. Total of ALL CRO-1250 Pages				\$ 0.07	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT							
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	
FORSYTH MAGAZINES 6255 TOWN CENTER DR CLEMMONS, NC 27012							
				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:			
						\$ 1,235.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	06/25/2014	\$ 1,235.00	PRINT ADVERTISING		
				\$			
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	
DERRICK MONK 1311 PETERS CREEK PKWY WINSTON-SALEM, NC 27127							
				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:			
						\$ 194.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	04/22/2014	\$ 194.40	CAR 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	
SIR SPEEDY PRINTING 1011 BURKE ST WINSTON-SALEM, NC 27101							
				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:			
						\$ 1,234.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	05/05/2014	\$ 1,234.85	CARDS,NOTES,INVITATI		
01	Check	B	05/12/2014	\$ 433.35	ONS CARDS		
5. Total only this Page						\$ 3,097.60	
6. Total of ALL CRO-1310 Pages						\$ 5,713.93	
<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)						2. ID Number
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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
MY CAMPAIGN STORE 304 WHITTINGTON PKWY #201 LOUISVILLE, KY 40222				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:		
						\$ 1,318.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	06/30/2014	\$ 1,318.44	ASSORTED ADVERTISING	
01	Check	B	04/29/2014	\$ 675.39	PRODUCTS FANS, BUMPER STICKERS	
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 THUNGWYN 102 W 3RD ST WINSTON-SALEM, NC 27101				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:		
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	C	05/08/2014	\$ 500.00	FOOD FOR FUNDRAISER	
				\$		
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 SERVICE 3630 CLEMMONS RD CLEMMONS, NC 27012				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:		
						\$ 122.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	I	05/09/2014	\$ 122.50		
				\$		
5. Total only this Page						\$ 2,616.33
6. Total of ALL CRO-1310 Pages						\$ 5,713.93
<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)						

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT						
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	01	Debit Card	C	05/20/2014	\$ 26.69	DECORATIONS FOR FUNDRAISER
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Draft	O	06/09/2014	\$ 3.00	ONLINE ACCESS FEE
<input type="checkbox"/> Remove						
4. Total only this Page					\$	29.69
5. Total of ALL CRO-1315 Pages					\$	29.69
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
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		H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 2

Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT					
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
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		reimbursement from committee to candidate for self-funded
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/26/2013		\$ 9.59	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF SUPERIOR COURT				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	STAPLES: ENVELOPES		06/02/2014	\$ 9.59
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
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		reimbursement from committee to candidate for self-funded
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/23/2013		\$ 460.00	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF SUPERIOR COURT				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	USPS TOWN RUN LANE: POSTAGE		06/02/2014	\$ 460.00
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
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		reimbursement from committee to candidate for self-funded
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/21/2013		\$ 690.00	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF SUPERIOR COURT				P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	USPS TOWN RUN LANE: POSTAGE		06/02/2014	\$ 690.00
4. Total only this Page					\$ 1,159.59
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,112.79
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)					

Refunds/Reimbursements From the Committee Pg 2 of 2

Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT					
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
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		reimbursement from committee to candidate for self-funded
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		Purchase h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/19/2013
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 35.20
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF SUPERIOR COURT				P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	OFFICE MAX: ENVELOPES		06/02/2014	\$ 35.20
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
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		reimbursement from committee to candidate for self-funded
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		Purchase h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/15/2013
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 18.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF SUPERIOR COURT				P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	FORSYTH COUNTY BAR ASSOCIATION: MEMBERSHIP		06/02/2014	\$ 18.00
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
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		reimbursement from committee to candidate for self-funded
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		Purchase h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		05/20/2014
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 1,900.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF SUPERIOR COURT				P	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	XIA ASIAN BISTRO: FUNDRAISER FOOD BALANCE		06/02/2014	\$ 1,900.00
4. Total only this Page					\$ 1,953.20
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 3,112.79
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)					

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT			
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	
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
XIA ASIAN BISTRO: FUNDRAISER FOOD BALANCE		05/20/2014	\$ 1,900.00
			\$
			\$
4. Total only this Page			\$ 1,900.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1,900.00

Account Transfers Within the Committee

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
THE COMMITTEE TO RE-ELECT SUSAN FRYE CLERK OF COURT				
3. Transfer Information				
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
<input type="checkbox"/> Add	01	02	05/05/2014	\$ 150.00
<input type="checkbox"/> Remove				
<input type="checkbox"/> Add	01	02	06/05/2014	\$ 150.00
<input type="checkbox"/> Remove				
4. Total only this Page				\$ 300.00
5. Total of ALL CRO-1720 Pages <i>(This line must be on line 24 of Detailed Summary Page CRO-1100)</i>				\$ 300.00

CRO-1720

NC State Board of Elections

December 2007