Disclosure Report Cover

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

1 Committee Information	are un ordination		_	3.475	FREE CONTRA	
a. Full Name	VYSE - Mark 19 (2) 12 MC SAMI AND A SAME TO A		TO THE TOTAL TRANSPORT OF THE TOTAL TRANSPORT		ci II) Number	
THE COMMITTEE TO RE-E	LECT SUSAN FRYE CLE	RK OF COU	RT 7	Oli JUL	1 1 -	
	A STATE OF THE STA	r 27 yr nithe deciments		ata ant	!! PH 1:06	
b. Mailing Address (include	City, State and Zip Code	) see a participation		100 BET	d. Date Filed	
6050 BLUE BONNET LN				REC	07/09/2014	
WINSTON SALEM, NC 271	01-9717				e. Phone Number	
					(336) 941-7043	
					(330) 341-7043	
2. Report Year 3. Period S	tart Date (mm/dd/yy)	4. Period	End Date (mm/dd/yy)	5. Treasur	er Full Name	
2014	04/20/2014		*************************	***************************************	WHITMELL DAVIS V	
6. Type of Committee (Chec		pe of Report			ort from one category)	
Candidate Campaign			State/County		Referendum	
	PAC	Organizatio		nal	Organizational Pre-referendom	
	Legal Expense Fund   able check dus)	Thirty-five Pre-primary	· 1 ·		Final	
Booster Fund"		Pre-election			Supplemental Final	
Building Fund	lä	Pre-runoff	Third		Annual	
Presidential Election Year (	;—	Semi-annua	i 🗖 Fourth		Special	
NC Public Campaign Financ	ing Fund	Mid Ye	ar Semi-annual			
!		Year E	nd 🔲 Mid Yez	r.	10. Special Report Name	
Other:		Final	Year En	iđ .		
8. Number of Fundraisers t	his Report 👚 🔲	Special	☐ Final			
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3. Account Information			3. Account Informatio	on S		
a. Financial Institution Full	Name		a, Financial Institutio		e	
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EXITENDITORES OF THE	S	3,563.51			\$ 450.01	
CERTIFICATION				\$10.30 St	na jej redskarikaj kojakoja	
I certify that the Committe	e or Fund is in complian	ce with all a	pplicable provisions c	of Article 2	2A, 22B & 22D-22M of	
Chapter 163 of the NC Ger						
funds. I further certify the	at this report is complete	, true and c	orrect and that I have I	been traine	d by the NC State Board	
$\sim l_{mr}$ .	1 11	$\sim$	( , %		08/00/0014	
<u> </u>	<u> </u>	1 Nome	1 / J. Davi	<u> </u>	07/09/2014	
Printed Name of	of Mgner	91 <b>5</b> U	ature of Appointed Treas	urer 	Date	
FOR OFFICE USE ONLY						
Date Received:	7-11-2014 7-10-2014	Employ	yee look (hu		<u>ivery Method</u> Normal Mail	
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Date Postmarked:	7 10 2010	Employ	yeé <u></u>		Hand Delivered	
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Date Data Entered:		Employ	yee		Signer has not received mandatory training	
Please Note: This form	reason the sign to a man	nd committee	e information such as			
l .	tant treasurer, custodian					
	end the Statement of Ors		•			
a was made fills	man wassers with the William	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~			

Amendment

Detailed Summary Yes Yes XI 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 2014 Second Quarter THE COMMITTEE TO RE-ELECT SUSAN FRYE IN COUNTY CLERK OF COURT Total this Total this 2013 Start of Election Cycle: January 1, Reporting Period Election Cycle 11 1: 10:00 4) Cash on Hand at Start 4,013.52 S CANON 1 RECEIPTS (CRO-1205) 295.00 S 1,239.00 5) Aggregated Contributions from Individuals 8,050.00 15,025.00 (CRO-1210) 6) Contributions from Individuals 0.00 5 0.00 7) Contributions from Political Party Committees (CRO-1220) 5 0.00 8) Contributions from Other Political Committees (CRO-1230) 0.00 0.00 (CRO-1410) 0.00 9) Loan Proceeds (CRO-1240) 0.00 0.00 (0) Refunds/Reimbursements to the Committee 11) Other Receipt Sources (CRO-1250) 0.07 0.08 11a) Interest on Bank Accounts 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 S (CRO-1250) 0.00 11c) Outside Sources of Income 0.00 0.00 (CRO-1270) 11d) Legal Expense Fund - Other Sources 0.00 11e) Exempt Purchase Price Sales (CRO-1265) 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 16.264.08 8,345.07 EXPENDITURES 3) Disbursements (CRO-1310) 5.713.93 13a) Operating Expenditures 9,515.42 (CRO-1310) 13b) Contributions to Candidates/Political Committees 0.000.00 (CRO-1310) 13c) Coordinated Party Expenditures 0.00 0.00 14) Aggregated Non-Media Expenditures (CRO-1315) 29.69 133.69 (CRO-1420) 5 0.00 0.00 15) Loan Repayments (CRO-1320) 5 3,112.79 (6) Refunds/Reimbursements from the Committee 3,112.79 17) In-Kind Contributions (CRO-1510) 1,900.00 1,900.00 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 14,661.90 10,756.41 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 1,602.18 1,602.18 ADDITIONAL INFORMATION 0.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) S (CRO-1430) 0.00 (11) Outstanding Loans (incl. ones from other campaigns) (CRO-1610) 0.00 22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee (CRO-1620) 0.00 24) Account Transfers Within the Committee (CRO-1720) 300.00 (CRO-1710) 0.00 0.00 25) Administrative Support (CRO-1440) 0.00 0.00126) Forgiven Loans

7) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

(CRO-2220)

(CRO-1215)

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Aggregated	<b>Contributions</b>	from	Individua	IC
Aggregateu	Comminuments	11 0111	munituda	10

Page 1 of 1 Amendment Yes No

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

Optional form used to report the contributions from markduals of \$50 or less										
1. Committee	e Full Name (and )	Fund if applicable)		2.	ID Nun	nber				
THE COMM	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/yy)	<b>yy</b> ) <b>f.</b> A	Amount				
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Add	01	Check		05/28/2014	\$	50.00				
Remove					Ψ	20.00				
Add	01	Check		05/28/2014	\$	10.00				
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4. Total or	ly this Page		\$	\$295.00						
5. Total of ALL CRO-1205 Pages						\$295.00				
(This line m	ust be on line 5 of D	etailed Summary Page (	CRO-1100)		\$	\$293.00				
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CRO-1205 NC State Board of Elections April 2007

				Amendment			
Pg	1_	of	88	☐ Yes	X No		

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		(and Fund if applicabl	···		O L VD TE		<i>Z</i> , I	ID Number
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(inclu	de city, state, & z	ip)		ATTO	RNEY		(0000000000000	
	MITCHELL			1	TO L			
110 OAKWOOD DR STE 410					c. Employer's Name/Specific Field			
WINSTON-SALEM, NC 27103						c Order, and Safety		
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	de city, state, & z	1 <b>b</b> )	***************************************	ATTC	RNEY			
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	SPRUCE ST	2 27101				_		
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		6 of Detailed Summary I	Page CRO-1100)				\$	8,050.00
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				Amendment		
Pg	2	of	8	☐ Yes	X No	

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3. Conti	ributor Informatio	on		Add	Rer	nove	_	
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(inclu	de city, state, & zi	ip)		ASSIS	TANT	CLERK OF		
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	ORTH RIDGE R	D		c. Empl	loyer's N	Name/Specific Field	1	
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(inclu	de city, state, & zi	ip)		DISTE	RICT A	TTORNEY'S		
GENE NEWELL				OFFIC	E			
1008 KINGS MEADOW DR					loyer's N	Name/Specific Field		
WINSTON SALEM, NC 27127				Justice	e, Public	c Order, and Safety		
7,12,				Activi		•	e. F	Election Sum to Date
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(inclu	de city, state, & zi	ip)	***************************************	ATTO	RNEY			
	PARRISH			c Empl	lover's N	Name/Specific Field		
	TONSHIRE CT	2.27104				_		
W11/91	ON-SALEM, NO	2/104		Activi		c Order, and Safety	e. F	<b>Election Sum to Date</b>
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				Amendment				
Pg	3_	of	8	☐ Yes	X No			

		(and Fund if applicabl					2. ID Number	
		RE-ELECT SUSAN	<b></b>	OF CO	OURT			
3. Conti	ributor Informati	on		Add	Rer	nove		
a. Full N	lame, Mailing Add	lress & Phone		b. Job	Title/Pro	ofession	d. C	Comments
(inclu	de city, state, & z	ip)	4.	RETIRED ASSISTANT				
ROBEI	RT BROWN					TTORNEY		
	DGE GATE DR			*****************		Name/Specific Field		
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	de city, state, & z	ip)	4	1		CLERK OF		
MARY SZAWARA				COURT c. Employer's Name/Specific Field				
516 SURREY PATH TR								
WINSTON-SALEM, NC 27104				Justice Activi		c Order, and Safety	e. F	Election Sum to Date
				Activi	ues		*************	
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				Amendment			
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	nittee Full Name		2. ID Number					
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3. Contr	ibutor Informati	on		Add	Rer	nove		
a. Full N	ame, Mailing Add	lress & Phone		b. Job	Title/Pro	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		ATTORNEY				
DANIE	L JOHNSON							
3740 K	IRKLEES RD			c. Emp	loyer's N	Name/Specific Field		
WINST	ON-SALEM, NO	C 27104				c Order, and Safety	_	
				Activities			e. E	<b>Election Sum to Date</b>
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MARIANNE NORTHINGTON 1190 ARBOR RD				c. Employer's Name/Specific Field				
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WINSTON-SALLIW, NC 27104				1 1// 1			e. F	Election Sum to Date
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				Amendment				
Pg	5	of	8	☐ Yes	X No			

1. Committee Full Name (and Fund if applicable)								2. ID Number	
		RE-ELECT SUSAN	<b></b>	OF C	OURT				
3. Conti	ibutor Informati	on		Add	Rer	nove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Profession			d. C	Comments	
(inclu	de city, state, & z	ip)	***************************************	ATTO	RNEY				
	TOPHER CLIFT	ON				T (C 101 TO 11			
	YMOUTH AVE	~		*****************		Name/Specific Field			
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							\$	250.00	
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	ibutor Informati	*==		Add	Rer				
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	de city, state, & z	ip)		ATTO	RNEY				
JOHN FITZGERALD					c. Employer's Name/Specific Field				
114 S SPRUCE ST WINSTON-SALEM NC 27101						-			
WINSTON-SALEM, NC 27101			Activi		c Order, and Safety	e. F	Election Sum to Date		
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	de city, state, & z	ip)	***************************************	ATTO	RNEY				
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				Amendment				
Pg	6_	of	8	☐ Yes	X No			

		(and Fund if applicabl					2. ID Number		
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	de city, state, & z			1		OBATION			
	BUMGARDNER			OFFIC o Emp	CER	Name/Specific Field			
1028 CROSS GATE RD WINSTON-SALEM, NC 27106				*****************					
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				Activi	iues				
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	de city, state, & z	ip)		PRES1	IDENT				
STEVEN DOLLASE					Lover's N	Name/Specific Field			
3741 CORAL GARDEN LN WINSTON SALEM NC 27106						vame/specific Field			
WINSTON-SALEM, NC 27106				INMA	AK		e. F	Election Sum to Date	
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2 Contr	ributor Informati			Add	Rer	manya			
	ame, Mailing Add				Title/Pro		d. C	Comments	
	de city, state, & zi				RNEY	,10001011		J V 11111 11 10 11 10 11 11 11 11 11 11 11	
MICHA	AEL GRACE		•		IXI VL I				
	X LAKE CT			c. Emp	loyer's N	Name/Specific Field			
WINST	ON-SALEM, NO	C 27106				c Order, and Safety			
				Activi	ities		e. E	Election Sum to Date	
							\$	750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)	L	k. Amount	
	01	Check				06/17/2014		\$ 750.00	
								\$	
								\$	
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	

				Amendment			
Pg	7	of	8	☐ Yes	X No		

	wittee Evil News	2. ID Number							
		(and Fund if applicabl RE-ELECT SUSAN	***************************************	COF CC	OURT		<b>2.</b> I	D Number	
3. Cont	ributor Informati	on		Add	Rei	nove	_		
	Name, Mailing Add			b. Job T		ofession	d. C	Comments	
(include city, state, & zip)			CLERK	K OF S	UPERIOR COURT				
SUSA	N SPEAKS "SUS	AN" FRYE							
6050 B	LUE BONNET I	LN		c. Empl	oyer's l	Name/Specific Field			
WINST	ΓON SALEM, NO	C 27103-9717		STATI	E OF N	ORTH			
				CARO	LINA		e. E	<b>Dection Sum to Date</b>	
							\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u> </u> cription		j. Date (mm/dd/yyyy)		k. Amount	
	g. necount cour	In Kind	XIA ASIAN B	***************************************					
		111 121114	FUNDRAISEI			05/20/2014		\$ 1,900.00	
								Φ.	
								\$	
								\$	
3. Cont	ributor Informati	on		Add	Ret	nove			
	Name, Mailing Add					ofession	d. C	Comments	
	ide city, state, & z			ASSIS	TANT	CLERK OF	*************		
RICHARD PENDER					Т				
3422 ANDERSON DR					c. Employer's Name/Specific Field				
WINSTON-SALEM, NC 27127				Justice	, Publi	c Order, and Safety			
				Activit	ies	-	e. E	<b>Dection Sum to Date</b>	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	n-Kind Description		j. Date (mm/dd/yyyy)		k. Amount	
	01	Check		05/28/2014		05/28/2014	***************************************	\$ 100.00	
						03/20/2014		\$ 100.00	
								\$	
								\$	
2 C	: h4 I64:			ا ده ۸	□ D.				
	ributor Informati Name, Mailing Add			Add b. Job T	Rei		a c	Comments	
	ide city, state, & z			ATTO		010331011	u. (		
	ETH TISDALE			ATTO	NIVE I				
	ORKSHIRE RD			c. Empl	oyer's l	Name/Specific Field	İ		
	ΓON-SALEM, NO	C 27106		Justice	. Publi	c Order, and Safety			
	,			Activit		,	e. E	<b>Tection Sum to Date</b>	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	01	Check				06/17/2014		\$ 250.00	
								\$	
<del> -</del>								\$	
							_	'	
	al only this Pa	<u> </u>					\$	2,250.00	
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				\$	8,050.00	
		,	3						

Amendment

Contributions from Individuals

Pg 8 of 8 Yes No

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

				onthourions t	ilidel \$30 il folili CKO i		
1. Comr	nittee Full Name	(and Fund if applicabl	e)			2.1	ID Number
THE C	OMMITTEE TO	RE-ELECT SUSAN	FRYE CLERK	OF COURT			
3. Conti	ributor Informati	on		Add Remove			
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/F	rofession	d. (	Comments
	de city, state, & z	ip)	article and the second and the secon	ATTORNE'	Y		
	SA HIER CAROLINA AVI	<b>-</b>		c. Employer's	s Name/Specific Field		
	CAROLINA AVI CON-SALEM, NO			*************************	lic Order, and Safety	ė	
WINSI	OIV DI LLEWI, IV	27101		Activities	ne Order, and Salety	e. F	Election Sum to Date
				1100111100		\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	01	Check			05/28/2014		\$ 200.00
							\$
							\$
3. Conti	ributor Informati	on		Add $\square$ R	emove		
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/F	Profession	d. (	Comments
(inclu	de city, state, & z	ip)		RETIRED S	TATE EMPLOYEE		
	ENE JOHNSON			a Employees	Nome/Specific Field		
	AXTON RIDGE				s Name/Specific Field		
WINSTON-SALEM, NC 27104					lic Order, and Safety	e. I	Election Sum to Date
				Activities		************	
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	01	Check			06/17/2014		\$ 100.00
							\$
							\$
	ributor Informati				emove		
	lame, Mailing Add			b. Job Title/F	Profession	d. (	Comments
	de city, state, & z	ip)	apt/000000000000000000000000000000000000	ATTORNE`	Y		
	RANDOLPH ECUTIVE PARI	K BLVD		c. Employer's	s Name/Specific Field		
	ON-SALEM, NO			Justice, Pub	lic Order, and Safety		
				Activities	•	e. F	Election Sum to Date
						\$	250.00
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	01	Check			05/28/2014		\$ 250.00
							\$
							\$
4. Total only this Page						\$	550.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	8,050.00
						_	

Other	Receipt	<b>Sources</b>
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				Amendm	ent
Pg	1	of	1	☐ Yes	X No

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

	тероті шеопіс постеро		THE LC. HITCHOST	тисопке, пот тог р	1011	D Numbe	tions etc.		
1. Committee Fu	1. Committee Full Name (and Fund if applicable)								
THE COMMIT	TEE TO RE-ELECT S	SUSAN FRYE CL	ERK OF COU	RT					
3. Type of Recei	pt Source (Please us	e separate CRO-1.	250 forms for	each type of Rece	ipt .	Source.)			
X Interest	Contrib	utions from Not-for-	Profit Organizati	ons Outside Sou	urces	s of Income	,		
4. Contributor I	nformation		Add Rei	move					
a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID #									
(include city, s	tate, & zip)								
WELLS FARGO									
100 N MAIN S'	Γ		c. Outside Sou	rce Explanation					
WINSTON SAI	LEM, NC 27101								
(336) 732-5391					e. F	dection Su	ım to Date		
					\$		0.05		
f. Account Code	g. Form of Payment	h. In-Kind Descrip	<u>L</u> otion	i. Date (mm/dd/yy	yy)	j. Amoun	t		
02	Electronic Funds Tra			06/30/2014		\$	0.03		
02	Electronic Funds Tra	04/30/2014				\$	0.02		
4. Contributor I	nformation		Add Rei	move					
a. Full Name, Ma	iling Address & Phone		b. Not-for-Prof	fit Federal ID #	d. (	Comments	+		
(include city, s	tate, & zip)				*************		•		
WELLS FARG	O								
100 N MAIN S'	Τ		c. Outside Source Explanation						
WINSTON SAI	LEM, NC 27101								
(336) 732-5391					e. F	dection Su	ım to Date		
					\$		0.05		
f. Account Code	g. Form of Payment	h. In-Kind Descrip	otion	i. Date (mm/dd/yy	yy)	j. Amoun	t		
02	Electronic Funds Tra			05/30/2014		\$	0.02		
						\$			
5. Total only	\$		0.07						
	LL CRO-1250 Pag	es							
	\$		0.07						
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)							0.07		
(This line goes in									
CDO 1250		г	Accombar 2007						

CRO-1250 NC State Board of Elections December 2007

					Amendm	ent
Disbursements	Pg	1_	of	2_	☐ Yes	2

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

X No

1. Committee Fu	ll Name (and Fund	if applicable)						2. ID Number	
THE COMMIT	TEE TO RE-ELEC	T SUSAN FRYE	CLER	K OF COURT					
3. Type of Disbu		use separate CRO			h type o				
X Operating Exp		ributions to Candidat					rdinat	ed Party E	kpenditures
4. Payee Informa				Add	Remo				
	iling Address & Ph	ione		b. Coordinate	d Comi	mittee Na	ıme	d. Comm	ents
(include city, sta			***************************************	٠					
FORSYTH MA 6255 TOWN CI				c. Level Regis	tered (S	Specify)			
CLEMMONS, N				☐ Federal		County:			
CEENING (S, 1	(0.27012			☐ State		Municip	ality:	e. Electio	n Sum to Date
								\$	1,235.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	ount	k. Re	quired Re	marks
01	Check	A	00	6/25/2014	\$ 1,	,235.00	PRIN	NT ADVE	ERTISING
					\$				
4. Payee Informa	ation			Add	Remo	ve			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinate	d Comi	mittee Na	me	d. Comm	ents
(include city, sta	te, & zip)		***************************************						
DERRICK MO				c. Level Regis	1 1 /				
	311 PETERS CREEK PKWY				tered (S	County:			
WINSTON-SAI	LEM, NC 27127			Federal State	-	Municip		e. Electio	n Sum to Date
								\$	194.40
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks								marks	
01	Check	В	04	4/22/2014	\$	194.40	CAR	SIGNS	
					\$				
4. Payee Informa	ation			Add	Remo	ve			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinate	d Comi	mittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
SIR SPEEDY P				c. Level Regis	torod (	Specify)			
1011 BURKE S				Federal	tereu (	County:			
WINSTON-SAL	LEM, NC 27101			☐ State	Ē	-	ality:	e. Eectio	n Sum to Date
								\$	1,234.85
f Account Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	
01	Check	В	**********************	5/05/2014	····	,234.85	**************		ES,INVITATI
	Check	В					CAR		L5,IIVIIAII
01 5. Takal ambadhi		В	0.	5/12/2014	Ψ	433.35	CAR		2.007.60
5. Total only this								\$	3,097.60
	CRO-1310 Pages								
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							\	\$	5,713.93
_	(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						date			
E - Salaries	F* - Equipn			litical Party					Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fu									
O* Other				* 114)					
* Codes require	e detailed explanation	on in required ren	narks f	ield (k)					

Die	burser	nonts
ופוע	Durser	пень

				Amendm	ent
Pg	2_	of	2_	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fu	ıll Name (a	and Fund i	f applicable)						2. ID Nu	mber
THE COMMIT	TEE TO I	RE-ELEC	Γ SUSAN FRYE	CLER	K OF COURT					
3. Type of Disbu	rsement	(Please	use separate CRO	<b>)-1310</b>	forms for each	i type	of Disbu	rseme	<u>nt.)</u>	
X Operating Exp	enses	Conti	ributions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party E	xpenditures
4. Payee Inform	ation				Add $\square$	Remo	ve			
a. Full Name, Ma	ailing Addı	ress & Pho	one		b. Coordinate	d Com	mittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)				ļ					
MY CAMPAIG	N STORE	L								
304 WHITTING	GTON PK	WY #201			c. Level Regis					
LOUISVILLE,	KY 40222	2			☐ Federal ☐ State	Ļ	County:		. IN4" .	. C D. 4
					☐ State	L	Municip	anty:	e. Hecuo	n Sum to Date
									\$	1,318.44
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
01	Ch	eck	В	00	6/30/2014	\$ 1	,318.44	ASS	ORTED A	ADVERTISING
01	Ch	eck	В	04	4/29/2014	\$	675.39	FRO	S'BCWb	ER STICKERS
4. Payee Inform	ation				Add $\square$	Remo	ve			
a. Full Name, Ma	ailing Addı	ress & Pho	one		b. Coordinate	d Com	mittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)									
VAN THUNGV	VYN									
102 W 3RD ST					c. Level Regis	tered (				
WINSTON-SA	LEM, NC	27101			Federal	F	County:		. D. 4:	- C 40 Do40
					State	L	Municip	anty.	е. месно	n Sum to Date
									\$	500.00
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
01	Ch	eck	С	0.5	5/08/2014	\$	500.00	FOO	D FOR F	UNDRAISER
						\$				
4. Payee Inform	ation				Add	Remo	ve			
a. Full Name, Ma	ailing Addı	ress & Pho	one		b. Coordinate	d Com	mittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)									
U.S. POSTAL S	SERVICE									
3630 CLEMMO					c. Level Regis	tered (				
CLEMMONS, I	NC 27012				Federal State	F	County:		o Floatio	n Sum to Date
					State	L	Willing	anty.	e. Mecilo	ii Suiii to Date
									\$	122.50
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
01		eck	I		5/09/2014	\$	122.50			***************************************
-				0.	9,09,12011	\$	122.00			
	_					Ф				
5. Total only thi									\$	2,616.33
6. Total of ALL										
	•	•	Summary Page CRO						\$	5,713.93
_			Summary Page CRO Summary Page CRO	-				omm)		
			expenditure code							
A* - Media		· - Printin	=		undraising		<b>D</b> - To	Anotl	ner Candi	date
E - Salaries		- Equipm	_		litical Party					Office Expenses
I - Postage		- Penaltie			Office Expenses	6		_		l Expense Fund
O* Other					_					
* Codes require	e detailed o	explanatio	n in required ren	narks f	ield(k)					

Aggregated	Non-Media	<b>Expenditures</b>

Page 1 of 1 Yes X No

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

Optional 10	illi used to repe	ort NC Non-Media	Expenditures 0	i φου or iess.				
1. Committe	e Full Name (and	d Fund if applicable)				2. ID N	umber	
THE COM	MITTEE TO RE	-ELECT SUSAN FR	YE CLERK OF	COURT				
3. Payee Info	ormation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	ууу)	f. Amou	ınt	g. Required Remarks
Add	01	Debit Card	С	05/20/2014		\$	26.69	DECORATIONS FOR
Remove				03/20/2011		Ψ	20.07	FUNDRAISER
Add	01	Draft	O	06/09/2014		\$	3.00	ONLINE ACCESS FEE
Remove				00/05/2011		Ψ	3.00	
4. Total of	nly this Page					\$ 29.69		
5. Total of	<b>f ALL CRO-1</b>	315 Pages				\$		29.69
(This line m	ust be on line 14 o	f Detailed Summary Pa	ge CRO-1100)			Ф		29.09
6. Purpose	e Codes (List o	detailed expenditur	re code in (d) a	bove)				
	B*	- Printing	C* - Fundr	aising	D - 7	To Ano	ther Car	ndidate
E - Salar	ies F*	- Equipment	G - Political	Party	H* -	Holdi	ng Publ	ic Office Expenses
I - Posta	ge J-	Penalties	K* - Office	Expenses	Q* -	Donat	ions to	<b>Legal Expense Fund</b>
O* - Otl	her							
* Codes	require detai	led explanation i	n re <mark>quired re</mark> n	narks field (g)				

CRO-1315 NC State Board of Elections December 2009

							Amendme		
Refunds/Reimburs	sements Fro	m the Cor	nmittee	Pg1	of	2	☐ Yes	X No	

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

1. Committee Full	Name	(and Fund if ap	plicable)			2. I	D Number
THE COMMITT	EE TO	RE-ELECT SU	JSAN FRYE CLER	K OF COURT			
3. Payee Informat	ion			Add Re	move		
a. Full Name, Mail		ress & Phone		d. Type of Comm	ittee	g. C	Comments
(include city, sta	te, & zi	p)		☐ Candidate	☐ PAC	reim	abursement from committee
SUSAN SPEAKS	"SUS	AN" FRYE		Referendum	☐ Party		andidate for self-funded
6050 BLUE BON	NET L	N		e. Level Register		Rure	Priginal Receipt Date
WINSTON SALE	EM, NC	27103-9717		☐ Federal ☐ State	County: Municipality:		10/26/2013
						i. O	riginal Receipt Amount
						\$	9.59
b. Job Title/Profess	ion	c. Employer's N	Name/Specific Field	f. Purpose Code		ı '	lection Sum to Date
CLERK OF SUPERIO	)R			P		\$	0.00
k. Account Code	l. Form	of Payment	m. Required Remar	·ks	n. Date (mm/dd/y	yyy)	o. Amount
01	Check		STAPLES: ENVELOP	ES	06/02/2014		\$ 9.59
2 Davida Informati	om.			Add Re	move		
3. Payee Informat a. Full Name, Mail		ross & Phone		d. Type of Comm	* * *	a C	Comments
(include city, sta	_			Candidate	PAC		abursement from committee
SUSAN SPEAKS				Referendum	Party		andidate for self-funded
6050 BLUE BON				e. Level Register		Rure.	haseinal Receipt Date
WINSTON SALE				☐ Federal	County:		10/23/2013
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	2,100 3,11		☐ State	Municipality:		
							riginal Receipt Amount
						\$	460.00
b. Job Title/Profession c. Employer's Name/Specific Field			f. Purpose Code		j. E	lection Sum to Date	
CLERK OF SUPERIO COURT	)R			P		\$	0.00
k. Account Code	l. Form	of Payment	m. Required Remar	·ks	n. Date (mm/dd/y	yyy)	o. Amount
01	Check		USPS TOWN RUN LA	ANE: POSTAGE	06/02/2014		\$ 460.00
3. Payee Informat				_	move		
a. Full Name, Mail	_			d. Type of Comm			Comments
(include city, sta			***************************************	Candidate Referendum	□ PAC	1	abursement from committee
SUSAN SPEAKS				Referendum  e. Level Register			andidate for self-funded
6050 BLUE BON				Federal	County:	н. с	
WINSTON SALE	zivi, inc	. 2/103-9/1/		State	Municipality:		10/21/2013
						i. O	riginal Receipt Amount
						\$	690.00
b. Job Title/Profess	ion	c. Employer's 1	Name/Specific Field	f. Purpose Code		j. Đ	lection Sum to Date
CLERK OF SUPERIO	)R	***************************************		P		\$	0.00
k. Account Code	l. Form	of Payment	m. Required Remar	rks	n. Date (mm/dd/y	yyy)	o. Amount
01	Check		USPS TOWN RUN LA	NE: POSTAGE	06/02/2014		\$ 690.00
4. Total only this	Page					\$	1,159.59
5. Total of ALL C	RO-132		mmary Page CRO-110	0)		\$	3,112.79
		-	rsement code in (f) al				
L - Returned to			Overpayment for Se	*	N - Exceed	ed C	Contibution Limit
P* - Reimburse			Other		1. 12.0000		John Milit
			n required remarks	s field (m)			

			Amendme		
<b>Refunds/Reimbursements From the Committee</b>	$\mathbf{Pg}  \underline{2}  \mathbf{of}$	2	☐ Yes	X No	

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

1. Committee Full	Name	(and Fund if ap	plicable)			2. I	D Number
THE COMMITT	EE TO	RE-ELECT SU	JSAN FRYE CLER	K OF COURT			
3. Payee Informat	ion			Add Re	move		
a. Full Name, Mail		ress & Phone		d. Type of Comm	nittee	g. C	Comments
(include city, sta	te, & zi	p)		Candidate	PAC	reim	bursement from committee
SUSAN SPEAKS	"SUSA	AN" FRYE		Referendum	☐ Party		andidate for self-funded
6050 BLUE BON	NET L	N		e. Level Register		Rure	riginal Receipt Date
WINSTON SALE	EM, NC	27103-9717		Federal State	County: Municipality:		10/19/2013
				State	wanterparity.	i. O	riginal Receipt Amount
						\$	35.20
b. Job Title/Profess	ion	c. Employer's 1	Name/Specific Field	f. Purpose Code			ection Sum to Date
CLERK OF SUPERIO	)R			P		\$	0.00
COURT  k. Account Code	l Form	of Payment	m. Required Remar	Dr.c.	n. Date (mm/dd/y)		o. Amount
	Check	of Layment	OFFICE MAX: ENVE			<i>yyy)</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
01	CHECK		OTTICE WAX. LIVE	LOILS	06/02/2014		\$ 35.20
3. Payee Informat	ion			Add Re	move		
a. Full Name, Mail	ing Add	ress & Phone		d. Type of Comm	iittee	g. C	Comments
(include city, sta	te, & zi	p)		Candidate	PAC		bursement from committee
SUSAN SPEAKS "SUSAN" FRYE 6050 BLUE BONNET LN WINSTON SALEM, NC 27103-9717		Referendum	Party		andidate for self-funded		
		e. Level Register		H. C	Afginal Receipt Date		
WINSTON SALE	EM, NC	27103-9717		Federal State	☐ County: ☐ Municipality:		10/15/2013
						i. O	riginal Receipt Amount
						\$	18.00
b. Job Title/Profession   c. Employer's Name/Specific Field			f. Purpose Code		j. E	ection Sum to Date	
CLERK OF SUPERIO COURT	)R			P		\$	0.00
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	yyy)	o. Amount
01	Check		FORSYTH COUNTY ASSOCIATION: MEM		06/02/2014		\$ 18.00
3. Payee Informat				Add Re	move		
a. Full Name, Mail	_			d. Type of Comm		g. C	Comments
(include city, sta		***************************************	***************************************	Candidate Referendum	PAC		abursement from committee andidate for self-funded
SUSAN SPEAKS				e. Level Register			hididate for sen-funded
6050 BLUE BON WINSTON SALE				Federal	County:	11.0	05/20/2014
WINSTON SALI	21 <b>VI</b> , 1 <b>V</b> C	. 2/103-9/17		☐ State	Municipality:		03/20/2014
						i. O	riginal Receipt Amount
						\$	1,900.00
b. Job Title/Profess	ion	c. Employer's I	Name/Specific Field	f. Purpose Code		j. E	ection Sum to Date
CLERK OF SUPERIO	OR			P		\$	0.00
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y)	yyy)	o. Amount
01	Check		XIA ASIAN BISTRO: FOOD BALANCE	FUNDRAISER	06/02/2014		\$ 1,900.00
4. Total only this	Page		•			\$	1,953.20
5. Total of ALL C	RO-132		mmary Page CRO-110	<i>(</i> )		\$	3,112.79
		-	rsement code in (f) al				
L - Returned to			Overpayment for Se		N - Exceed	led C	Contibution Limit
P* - Reimburse			Other				
* Codes require	detaile	ed explanation i	in required remarks	s field (m)			

_	T7.					
In-	Kin	d C	on	tri	buti	ons

				Amendme	ent	
Pg	1_	of	1	☐ Yes	X 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 N	Number	
THE COMMITTEE TO RE-ELECT SUSAN FRYE	CLERK OF CC	URT			
3. Contributor Information	☐ Add ☐ Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual	***************************************			
SUSAN SPEAKS "SUSAN" FRYE	☐ Candidate				
6050 BLUE BONNET LN	Party				
WINSTON SALEM, NC 27103-9717	☐ PAC				
,	☐ Referendun	1	d. Hec	tion Sum	to Date
	Other Rece	ipt Source	\$		0.00
e. Description		f. Date (mm/dd	/yyyy)	g. Fair M	larket Amount
XIA ASIAN BISTRO: FUNDRAISER FOOD BALANCE		05/20/20	14	\$	1,900.00
				\$	
				\$	
4. Total only this Page			\$		1,900.00
5. Total of ALL CRO-1510 Pages			\$		1,900.00
(This line must be on line 17 of Detailed Summary Page C	(RO-1100)				1,500.00
CD 0 1510 NC C+++	D 1 - f E1 4 :				D 2007

				Amenamo	ent	
Accoun	t Transfers Witl	hin the Committe	$\mathbf{ee}$ Page $\underline{1}$ of $\underline{}$	1 Yes	X	
Use this for	m to transfer money bety	ween multiple bank, depo	sitory or credit accounts.	-		
1. Committe	ee Full Name (and Fund	if applicable)		2. ID Number	r	
THE COM	MITTEE TO RE-ELEC	T SUSAN FRYE CLER	K OF COURT			
	- a					
3. Transfer	Information					
a. Amend	b. Account Code	c. Account Code	d. Date (mm/dd/yyyy)	e. Amount		
	Transferred From	Transferred To				
Add	01	02	05/05/2014	\$	15	
☐ Remove			03/03/2014	Φ	1,	
Add	01	02	06/05/2014	\$	15	
Remove			00/03/2014	Φ	1,	
4. Total o	nly this Page			\$	30	
5. Total o	5. Total of ALL CRO-1720 Pages					
		ed Summary Page CRO-1100	))	\$	30	
CRO-1720		NC State Board of Elections				